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Association of British Neurologists

by David Burn

Being asked to write an article looking back at the Association of British Neurologists (ABN) over the last 20 years was an interesting Christmas present. Since the COVID-19 pandemic is currently dominating our lives, it led me to reflect on how, by building on the achievements of the previous decades, the ABN is now so well equipped to contribute towards overcoming the challenges of the pandemic. So why do I say this?

The Association of British Neurologists (ABN) has evolved significantly since it was founded in the London drawing room of Professor Gordon Holmes in 1932, and never more so than over the last 20 years. Importantly, the Association is inclusive of the devolved nations, which provides a more rounded view of UK practice and ensures that we are essential to all Neurologists, regardless of location.

The President in 2000 was the late and highly respected clinical academic Professor John Newsom-Davis. The number of Consultant Neurologists at that time was around 400. By the time of submission this number has expanded to over 950, of which 800 are ABN Ordinary members. Data provided by the ABN has shown how relatively under-provisioned the UK is for Neurologists, when compared with other developed countries. Despite the continuing growth in numbers, this remains the case. The ABN has consistently helped to shape training and provide advice regarding job planning for Neurologists across the UK. The former was brought into sharp focus recently with the introduction of Shape of Training. With a strong track-record in promoting the benefits of research experience and academic careers, the ABN will continue to monitor the effects of Shape of Training upon the ability of neurological trainees to undertake periods of research and pursue academic careers.

2021 marks the 20th anniversary of the London World Congress of Neurology, which was hosted by the ABN. The Association has maintained and grown its international links over the past 20 years in different ways, including the appointment of many consultant colleagues from overseas, joint meetings, invited high profile overseas speakers to our annual meetings and the involvement of ABN members in a

multitude of specialist societies, often in key leadership roles. With the UK now outside the European Union (EU), having an international profile, and being outward facing has never been more important. A refreshed website (<https://www.theabn.org>) has raised the profile of the Association, and modernised communication with members.

A major development over the last 20 years has been the development and expansion of the ABN Committees. The Services Committee advises the Association, via Council, on all matters relating to standards of neurological care as well as the staffing, organisation and distribution of neurological services in the United Kingdom and Ireland. The Research Committee concentrates on issues relating to research and academic matters; its flagship project in recent years has been the development of the highly prestigious ABN Clinical Research Training Fellowship scheme. The Fellowship scheme was first launched in 2010 and attracts candidates of the highest calibre. It has progressively expanded the annual number of awards, thanks to generous support from several sources. The Education Committee focuses on undergraduate education, postgraduate training, and continuing professional development in neurology. It supports an annual undergraduate essay competition as well as an Australasian fellowship. The ABN Quality Committee advises the Association, through Council, on all issues relating to quality improvement in neurology within the United Kingdom and Ireland. During the COVID-19 pandemic this committee structure has served the Association and its members well (in addition to the Royal College of Physicians and colleagues from other specialties), by rapidly providing practical advice in myriad areas, from the use of Personal Protective Equipment, the management of patients with neurological disorders on immunomodulatory agents, to rebooting neurology services.

Over the last two decades, ABN council representation has diversified quite considerably, but the events of 2020 and Black Lives Matter acutely raised equality, diversity and inclusion issues in all aspects of neurological practice. The ABN has therefore set up an Equality, Diversity and Inclusion Committee, reporting to Council, which

aims to address a range of topics, including encouraging the widespread availability of excellent and equitable neurological services and promoting an inclusive neurological community and equal opportunity for all neurologists and trainees.

There is, historically, a strong commitment to training and drawing the cream of the younger medical community into neurology. ABN Neurological Trainees Committee (ABNT) has developed and expanded to represent the views of all trainees in neurology on issues including training and education, career issues and research. With 420 trainees and 115 Junior doctors as members of the Association, the ABNT input was particularly important during the evolution of Shape of Training.

A significant development in 2011 was the constitution of ABN Advisory Groups (AG), which provide a ready source of expertise for media queries, government and other consultations in different sub-specialties. In 2019 the AGs collectively handled 150 consultations, many from NICE. The AGs have provided a major and effective bridge between the expertise that resides within the UK Neurology community and external bodies. In 2015, the ABN entered into a co-publishing agreement with the *BMJ* and *Practical Neurology*, which has proved to be highly successful. The chairs of each AG now sit on the editorial board of *Practical Neurology* and AG members also represent the ABN on the European Academy of Neurology's scientific panels.

It was only in 1995 that the term of the ABN President increased to two years. The scope of the ABN Executive positions is now better defined, with, dare one say it, the most recent development of "role descriptions". Most recently, we have separated out the role of Honorary and Meeting Secretaries, and the transition between these positions, as the two are quite different.

Perhaps the single most important change in the ABN over the past 20 years, and one that most definitely brought the Association into the 21st Century, was the development in 2013 of the ABN office under an Executive Director. The secretariat that reports to the Executive Director have clearly defined roles and have brought transformational changes in efficiency and agility to all aspects of ABN business. The ABN office has largely functioned virtually during the COVID-19 pandemic, but such is the resilience of the organisation that its efficacy has remained undiminished.

It is daunting to try to represent changes in the ABN over 20 years, and no doubt significant developments may have been omitted from the above account, for which I apologise in advance to those with superior institutional memories. However, no colleague could dispute that the Association actively developed and evolved over the last two decades, and remains as important and relevant in 2021 as it ever did.

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Conflict of interest statement: None declared.

Provenance and peer review: Submitted and reviewed internally.

Date first submitted: 15/1/21. **Acceptance date:** 27/1/21

To cite: Burn D. *Adv Clin Neurosci Rehabil* 2021;20(2):15-16

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Neuroanatomy and Neuroscience at a Glance

This book is part of a series of books, providing a quick review of numerous medical science topics including Anatomy, Cardiology, Obstetrics and Urology 'at a glance'. This one covers basic, or fundamental, Neuroanatomy and Neuroscience, as well as giving a brief overview of some common clinical conditions as they relate to the biological systems covered.

As with the rest of the books in the 'at a glance' series, this book is well organised into parts, which are further subdivided into chapters. Each chapter is laid out in only two pages, with the first page containing useful cartoon illustrations of the organisation or pathways important to that chapter, and the second page briefly explaining the main concepts. I found the illustrations particularly useful; they helped me to summarise the main ideas and therefore make it easier to digest the text, as well as other resources offered.

Each page finishes with a very short 'did you know' section which describes an interesting fact that relates to that section. For example, one fact which I found particularly interesting was that eating chocolate causes the release of endorphins, which reduce pain and may cause people to get addicted to eating chocolate, much like opioids. I wonder if I suffer from this addiction myself!

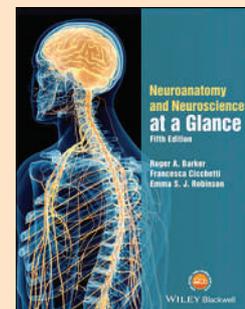
The book comes with a subscription to online resources which contain multiple-choice questions and key revision points. Some questions and answers are also found at the end of the book which I found to be a useful way periodically to check my understanding.

I think this book offers a great foundation, upon which further knowledge can be built. As an undergraduate student, I have found using this book an effective signposting exercise as to unfamiliar concepts, before exploring further into the detail by using other more in-depth books or other resources.

This book covers the most important topics in Neuroanatomy and Neuroscience, but only really touches the surface, and so I recommend that the reader does not solely rely on this resource, but rather, use it as an addition to other more in-depth resources.

Although aimed at medical students, I believe this book can also benefit postgraduates and even senior clinicians, who may have moved on from the fundamental neurosciences a while ago but who also may be involved in undergraduate education. This book gives a great backbone of topic areas to cover for students.

Christmas has just passed and maybe this book is a bit serious for a Festive Season present. However, it could be a nice, reasonably priced, New Year gift from senior clinicians working in the neurosciences, to relations of theirs going through medical school, or undertaking similar studies.



Authors: Roger A Barker, Francesca Cicchetti, Emma SJ Robinson
Published by: Wiley Blackwell
Price: £28.00
Pages: 168
ISBN: 978-1-119-16841-6
Reviewed by: Janet M Dube, 4th Year Student Doctor, University of Liverpool.