



BMJ Medicine—a new journal from *The BMJ*

Sophie Cook ¹, Kamran Abbasi²

Welcome to BMJ Medicine, a new open access multispecialty journal from The BMJ

Sceptics might ask why another journal is necessary when journals are growing at such a rapid rate? However, we believe that at a time when misinformation poses a threat to scientific and medical debate, there remains a need for trusted journals with robust editorial policies and quality control processes, driven by strong core values, to deliver improvements in health and social care.

Since we announced the launch of *BMJ Medicine* in July 2021,¹ *The BMJ* and *BMJ Medicine*'s teams have worked to establish strong links between the journals.

Fundamentally, *BMJ Medicine* will adopt the high standards, policies, processes, and author service for which *The BMJ* is renowned. *The BMJ* and *BMJ Medicine* are united in one vision to improve outcomes related to health and wellbeing for people and the planet. However, while *The BMJ* is a general medical journal with a strong clinical focus, *BMJ Medicine* is a multispecialty journal that prioritises information on the underlying science and mechanisms of disease and treatments.

As such, *BMJ Medicine* will take a science based approach to influence current policy and practice, and examine the evidence underpinning the horizon of future care. It aims to encourage cross disciplinary and cross specialty learning and knowledge transfer, while embracing *The BMJ*'s tradition of stimulating debate and challenging orthodoxy. *BMJ Medicine* will consider new and emergent research methodologies, and publish methods papers on more specialist techniques and approaches to analysis that clinicians and policy makers are increasingly exposed to. We also seek to stimulate discussion on patient care that better reflects the complexity of living with multiple conditions.

BMJ Medicine welcomes research, specialist reviews, methods papers, commentaries, and education content. Even if the content is specialist in nature, it should hold wider relevance beyond the specialty it originates from. We encourage research from around the world and operate a generous waiver policy to ensure equity and opportunity for unfunded as well as funded research.²

Co-production with patients is also central to the ethos of *BMJ Medicine*, and we will build on *The BMJ*'s commitment to patient partnership. We will invite patients to review our research and write commentaries to help appreciate and translate research findings through lived experience of a condition or circumstance. Our patient advisers and editorial board members will inform our policies, strategy, and content.

BMJ Medicine's launch includes an international systematic review and network meta-analysis that examines the effects of tocilizumab and sarilumab with and without corticosteroids for treatment of covid-19,³ and a study that uses data from the UK Obstetric Surveillance System to look at the severity of maternal infection and perinatal outcomes during periods in which the wildtype, alpha, and delta SARS-CoV-2 variants were dominant.⁴ Both papers have accompanying editorials^{5 6} that contextualise the research for a multispecialty audience and outline the pathway for future research. Authors of *BMJ Medicine* research papers have the opportunity to bring their work to a wider audience by writing an opinion piece for *The BMJ*. Readers can also see our first methods primer on data linkage in medical research, which outlines the benefits of this technique and how to ensure it is used robustly.⁷

Our ambition is that *BMJ Medicine* will be viewed as a trusted venue for open access research, to inform multispecialty debate and discussion, and ultimately improve patient outcomes.

Twitter Sophie Cook @sophiecook80 and Kamran Abbasi @kamranabbasi

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ORCID iD

Sophie Cook <http://orcid.org/0000-0003-4738-1544>

REFERENCES

- 1 Cook S, Doble E, Abbasi K, et al. Introducing *BMJ Medicine*. *BMJ* 2021;374:n1883. doi:10.1136/bmj.n1883
- 2 *BMJ* author hub. Waivers and discounts. Available: <https://authors.bmj.com/open-access/fees-discounts/>
- 3 Zeraatkar D, Cusano E, Martínez JPD. Use of tocilizumab and sarilumab alone or in combination with corticosteroids for covid-19: systematic review and network meta-analysis. *BMJMED* 2022. doi:10.1136/bmjmed-2021-000036
- 4 Vousden N, Ramakrishnan R, Bunch K, et al. Severity of maternal infection and perinatal outcomes during periods of SARS-CoV-2 wildtype, alpha, and delta variant dominance in the UK: prospective cohort study. *BMJMED* 2022. doi:10.1136/bmjmed-2021-000053
- 5 Rajasundaram S, Burgess S, Gill D. Treatment of severe covid-19 with interleukin 6 receptor inhibition. *BMJMED* 2022. doi:10.1136/bmjmed-2022-000144
- 6 Stock SJ, Harmer C, Calvert C. Covid-19 variants of concern and pregnancy. *BMJMED* 2022. doi:10.1136/bmjmed-2022-000151
- 7 Harron K. Data linkage in medical research. *BMJMED* 2022. doi:10.1136/bmjmed-2021-000087

¹BMJ Medicine, BMJ Publishing Group, London, UK

²The BMJ, BMJ Publishing Group, London, UK

Correspondence to: Dr Sophie Cook, BMJ Medicine, BMJ Publishing Group, London, UK; scook@bmj.com

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