

“No deal” Brexit jeopardises UK medical research

The UK has a great strength and a proud tradition in medical research. There is recognition across the political spectrum that research and innovation are key drivers of national health and wealth. Our continued strength in medical research and innovation will play a vital role in the future success of the UK.

At this juncture, with 6 months to go before the UK leaves the EU, it is crucial that the full value of the UK’s relationship with European research is understood. This relationship benefits UK patients and our economy, and is an irreplaceable component of the UK’s global scientific connectivity.

The stakes for medical research are high. Leaving Europe without a deal risks the loss of researchers from our laboratories, universities and hospitals; the disruption of productive and long term collaborations; lost access to millions of pounds of research funding; and significant additional barriers to clinical trials and research into rare diseases.

In short, a “no deal” Brexit poses a grave threat to UK medical research and its translation into benefits for patients, public and the economy. While there are many important components of the UK’s withdrawal from the EU that require resolution, if we neglect medical research it will be at the expense of future health and prosperity. This must be at the forefront of the minds of Ministers, officials, Parliamentarians and the public in the coming weeks and months.

What would “No deal” mean for medical research?

Loss of researchers from UK

UK medical research relies on the expertise of its global workforce. Almost 1 in 6 academic staff at UK universities in the disciplines of medicine, dentistry and health are EU-27 nationals.¹ Without a deal, the legal status of these researchers and their families is not protected. In the absence of legal certainty, there is a growing risk that this highly skilled but highly mobile workforce will leave.

Disruption to productive collaborations

The EU has been uniquely supportive of multilateral collaboration, with the UK leading and participating in the type of big, bold research projects we need to tackle the greatest challenges to society. There is significant jeopardy in leaving the EU without a framework for our future research collaboration with Europe, for example impinging on the ability to transfer patient data within health studies between researchers in the EU and UK.²

Reduced funding for UK medical research

Leaving the EU without a deal will immediately exclude UK researchers from applying for prestigious and lucrative European Research Council (ERC) and Marie Skłodowska-Curie Actions (MCSA) awards. In 2016 alone, UK researchers in the life sciences won over £85

¹ <https://www.hesa.ac.uk/data-and-analysis/staff/cost-centres>

² <https://www.gov.uk/government/publications/data-protection-if-theres-no-brexit-deal/data-protection-if-theres-no-brexit-deal>

million in funding from the ERC.³ Between 2014 and June 2018, MSCA awards enabled over 800 of the most promising researchers in the medical and life sciences from around the globe to come to UK institutions.⁴ Leaving the EU without a deal could hamper negotiations for the UK's access to Horizon Europe, the EU's next major research programme.

Barriers to clinical trials and research into rare diseases

All clinical trials taking place in the EU must have a legal representative in a Member State. In the absence of a deal, any pan-European trial that is currently underway, and where this legal sponsor is located in the UK, would be required to appoint a new legal sponsor inside the EU-27 by March 2019.⁵ This would pose a significant challenge to hundreds of currently active trials, causing delays and potentially disrupting the care of the significant number of patients taking part in the research. This requirement would have negative effects on the ability of the UK to lead pan-European clinical trials until any new regulations come into effect.

The UK currently coordinates 6 of the 24 European Reference Networks that bring together experts to address the unmet health needs of the 30 million European patients living with rare and complex diseases. The very nature of rare diseases requires a transnational approach – providing a critical mass of patient numbers, knowledge and capacity to deliver excellence in diagnosis and care. Leaving without a deal could restrict UK access to essential clinical platforms for dealing with rare diseases, and would preclude UK institutions from applying for funding for these networks.^{6,7}

³ <https://erc.europa.eu/projects-figures/erc-funded-projects>

⁴ https://ec.europa.eu/research/mariecurieactions/sites/mariecurie2/files/msca-country-profile-unitedkingdom-2018_en.pdf

⁵ https://ec.europa.eu/info/brexit/brexit-preparedness/preparedness-notices_en#sante

⁶ Specifically from the 3rd European Health Programme http://ec.europa.eu/chafea/health/annual-work-plan-2018_en.html

⁷ https://ec.europa.eu/health/sites/health/files/programme/docs/wp2018_annex_en.pdf