



Royal College
of Physicians

Setting higher standards

Brexit: What does it mean for medical research?

Research stats in brief:

- > **Funding** – the UK currently enjoys access to research funding from the EU, whose research and innovation budget for **2014–2020 is around €120bn¹**. The UK is a net beneficiary for research grants and one of the most successful countries at securing funding.
- > **Contributing to world-leading medical research** – patients can currently access Europe-wide trials of new treatments, particularly for rare conditions. Projects funded by the EU have enrolled **more than 340,000 patients** to clinical trials so far² with the UK being one of the leaders in Europe for conducting clinical trials.³
- > **Access to new drugs** – in the UK, the Medicines and Healthcare Products Regulatory Agency (MHRA) provides significant expertise to the European Medicines Agency (EMA), allowing for drugs to be approved once for the whole of Europe – almost 500m patients.⁴ National medical regulation can take longer than cooperative regulation (6–12 months longer for new drugs to reach Canada and Australia than the UK).⁵ The MHRA typically leads on around 43% of licence requests for the EMA.⁶ >>>

What it means for patients

The medical research conducted in the UK is world leading and we know that patients are keen to be part of this – eighty-nine per cent of people said that they would be willing to participate in a clinical trial if diagnosed with a condition.⁷

Innovation and progress is not possible without funding and it can take many years between funding and outcome, so reducing funding now has a negative effect for the future. Furthermore, without large-scale drug approval processes the approval of drugs could be slower, resulting in slower access to new treatments for patients.

The RCP's recommendations

- > The UK should negotiate continued access to funding, or provide equivalent replacement funding for research so that patients have access to the best care in the future.
- > The UK's exit from the EU must not impact patients' ability to participate in high quality research.
- > The MHRA should continue to provide advice and act as a leader of regulation globally, working collaboratively with the EMA wherever possible so that the UK remains an attractive place to invest, ensuring that there is no delay for patients accessing new treatments.
- > The government must clarify how adoption of EU regulations will impact on the UK in order to reduce uncertainty and confusion.



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References

- 1 Royal Society, UK Research and the European Union: The role of the EU in funding UK research, 2015 <https://royalsociety.org/~media/policy/projects/eu-uk-funding/uk-membership-of-eu.pdf> NHS Confederation. *What implications could Brexit have for NHS patients?* www.nhsconfed.org/blog/2016/07/what-implications-could-brexit-have-for-nhs-patients
- 3 ABPI. *Patient access to medical innovation under threat from Brexit*. www.abpi.org.uk/media-centre/newsreleases/2016/Pages/Patient-access-to-medical-innovation-under-threat-from-Brexit.aspx
- 4 ABPI. ABPI gives evidence to Exiting the EU Commons Select Committee on Brexit priorities www.abpi.org.uk/media-centre/newsreleases/2016/Pages/ABPI-gives-evidence-to-Exiting-the-EU-Commons-Select-Committee-on-Brexit-priorities.aspx
- 5 AMRC. *How to secure the best for life sciences after Brexit: five key areas*. www.amrc.org.uk/sites/default/files/doc_lib/Brexit%20event%20briefing%20FINAL%20DESIGN.pdf
- 6 PharmaTimes. *Brexit: three months on*. www.pharmatimes.com/magazine/2016/october/brexit_three_months_on
- 7 National Institute for Health Research Clinical Research Network. *What do people think of clinical research?* <http://www.nihr.ac.uk/news-and-events/news/archive-news.htm?postid=2377>

