

## Position on the UK's future relationship with the EU

1 February 2020

# Science and health must be a top priority in the negotiations. Further, clarity on these issues must be sought before the transition period is allowed to expire. The UK should seek agreement on:

- 1. Maintaining close ties with European research and scientists
- 2. Maintaining the health security of UK and EU citizens

#### 1. Maintain close ties with European research and researchers

We welcome the Government's commitment to reach 2.4% spending on R&D by 2027 through plans to 'double investment in basic science research' and to 'priotise investment in....world-leading science research and skills'<sup>1</sup>. This planned investment is built on recognition of the UK's world-leading science base, the value of the UK life sciences industry and on government ambitions to develop UK competitiveness on a global scale.

Producing world-leading research is associated with the UK's high levels of researcher mobility and international collaboration<sup>2</sup>. European Framework Programmes have facilitated such opportunities for funding and collaboration. For example, the percentage of UK international publications co-authored by EU partners has increased from 43% in 1981 to more than 60% since 2011<sup>3</sup>. Further, between 2007 and 2013, the UK received on average €1 billion per year from the EU for research, development and innovation, which approximated to 15% of the national science budget, during the same period<sup>4</sup>. The EU is a strategically important partner for UK research and, whilst we would also welcome efforts to broaden international collaborations, the relationship with our European neighbours must be protected:

**Horizon Europe**. Succeeding Horizon 2020, Horizon Europe is a  $\leq 100$  billion framework research and innovation framework programme<sup>5</sup>. The European Council and Parliament are in the process of negotiating and adopting the scheme, with launch planned for January 2021. Given the timescale, securing the closest possible association with Horizon Europe is an urgent priority for negotiations and the UK should make the appropriate financial contributions to do so.

**Erasmus+ scheme**. This EU scheme<sup>6</sup> aims to modernise education, training and youth work, promoting lifelong learning through placements, training schemes and good practice sharing in other countries. Around  $\in$ 1 billion is reserved specifically for Erasmus+ projects led by UK-based organisations. Between 2014 and 2018, 4,846 Erasmus+ grants were awarded to UK organisations, worth around  $\in$ 680 million in total. The terms of the withdrawal agreement agree continued participation in the current Erasmus+ programme. On 8 January 2020, a majority of MPs voted against including a clause that would require the Government to negotiate continued full participation in the future<sup>7</sup>. However, in response to questioning about the implication of the vote, the Prime Minister said that "there is no threat to the Erasmus scheme"<sup>8</sup> and subsequent comments from the Government indicate that this will be a matter for future negotiations once the details of the next scheme (to run from 2021–27) have been finalised by the EU. Debate in the House of Lords on 20 January 2020 recognised the need for continued scrutiny during the negotiations. We strongly support continued UK participation in Erasmus+.

**Mobility of scientists.** We welcome the Government's recent announcement<sup>9</sup> of a new fast-track Global Talent visa scheme for top scientists, researchers and mathematicians. The route will replace the Tier 1 Exceptional Talent visa and will not be capped, although the cap was never reached under the previous scheme. The Government aims to make the new scheme more attractive (and thus increase uptake) by expanding the pool of recognised organisations able to endorse candidates and develop criteria that grant automatic endorsement, subject to immigration checks. We hope the scheme will help maintain ties with top researchers in the EU and globally, but also note the importance of attracting skilled technicians and nurturing upcoming talent. In terms of the future relationship with the EU, we hope this scheme helps lay the foundation for a welcoming and simple immigration system on both sides, and that UK researchers remain welcome to work in the EU. We would also like to see development of the commitment<sup>10</sup> to develop "appropriate arrangements" for the recognition of professional qualifications between countries.

**Clinical trials.** The new EU Clinical Trials Regulation (536/2014) CTR will replace the Clinical Trials Directive (2001/20/EC) (CTD) under which EU clinical trials operate. The UK clinical research community played a central role in revising the regulation and welcomes it as a significant improvement<sup>11</sup>. The Government has committed to implementing all of the requirements of the new regulation that are "within its control"<sup>12</sup>. However, aspects of alignment that are not within UK control include the use of a shared central IT portal, participation in the single assessment model and agreement on EU data protection laws in order to facilitate



sharing of research data. Failure to negotiate appropriate alignment means that patients across the EU and UK may lose out on opportunities to participate in clinical research and benefit from innovative treatments.

## 2. Maintaining the health security of UK and EU citizens

We support calls by the Brexit Health Alliance and the Faculty of Public Health that securing a strong health security partnership between the UK and EU should be a negotiation priority, including access to the European Centre for Disease Prevention and Control (ECDC)<sup>13</sup>. It is critical that the UK is able to assess and act on serious cross-border health threats, such as pandemics, infectious diseases and pharmacovigilance to support the safe use of medicines:

**Pharmacovigilance.** EudraVigilance<sup>14</sup> is a pharmacovigilance system for reporting and analysing suspected adverse reactions to authorised medicines. The system provides early warnings about possible medicines safety issues and it is critical that the UK should continue to access and contribute to it. Further, all UK pharmacovigilance centres should continue their membership of European Network of Centres for Pharmacoepidemiology and Pharmacovigilance and have access to all other major systems and databases designed to support the safe use of medicines, for the benefit of patients across the UK and Europe. To further support patient safety, the UK should continue to access the Internal Market Information (IMI) alert system, which enables the exchange of information regarding doctors' fitness to practise across the EU.

#### About us

The British Pharmacological Society (BPS) is the primary UK learned society concerned with research into drugs and the way they work. The Society has around 4,000 members working in academia, industry, regulatory agencies and the health services, and many are medically qualified. The Society covers the whole spectrum of pharmacology, including laboratory, clinical, and toxicological aspects. Pharmacology is a key knowledge and skills base for developments in the pharmaceutical and biotech industries, and is therefore fundamental to a thriving UK industry and R&D. The Society publishes three scientific journals: the British Journal of Pharmacology, the British Journal of Clinical Pharmacology, and Pharmacology Research and Perspectives.

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## References

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