

Is British Dermatology better in or out of Europe?

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Introduction

British dermatology is better in Europe, but the EU citizens handling part of the 13 million annual dermatology consultations¹ are only one side of the equation. Brexit will have widespread effects in all aspects of dermatology, ranging from research, through day-to-day healthcare provision, to innovations leading the field.

Table 1. Overview of main aspects of British dermatology affected by Brexit

Dermatology research	Clinical dermatology	Innovation
Research collaboration	Healthcare funding	Electronic and mobile health interoperability
Research accountability and regulatory frameworks	Access to medicines and pharmacovigilance	Big data and research databases
Research funding: public and industry funding	Public health surveillance	Teledermatology
Researchers and academics: UK, non-UK EU and EU citizens	Clinical staff: specialists, nurses and GPs	Image recognition software

Defining British Dermatology

How can we reduce a specialty to its nationality? Long before the consolidation of unions in Europe, what drove the progress of dermatology was not an isolationist position, but a back-and-forth exchange of ideas between Britain and the Continent.

The impact of Brexit on dermatology research

If the UK leaves the EU, British research will suffer due to effects on research collaboration, accountability, funding and staff. Research collaboration brings benefits for British and European dermatology, with rare dermatological diseases investigated by European Reference Networks providing the clearest example^{2,3}.

EU membership provides accountability and ease of implementation. The EU Clinical Trials Register, an online register giving public access to data on EU trials, was launched in 2011⁴. Furthermore, the new EU Clinical Trials Regulation⁵ will aim to ensure harmonisation by providing a single application for trials.

Leaving the EU would also have a substantial impact in funding. The UK is the second largest recipient of EU competitive research funding⁶, and leads in terms of projects won for the EU Programme Horizon 2020⁷.

The impact of Brexit on clinical provision

But the gloomy effects of Brexit will also extend to the provision of dermatology services. Healthcare provision is already being cut across the whole of Britain, with services having to make 'efficiency savings'.

Being outside the common regulatory framework may hinder access to medicines. Companies may no longer see the UK as a priority market due to

having to apply for different marketing authorisations, delaying the introduction of life-changing treatments for dermatology patients.

Staff shortages are likely to be worsened by a departure from the EU. EU nationals make up 10% of doctors⁸, and the anti-immigrant zeitgeist could have a domino effect on non-EU immigrants, which constitute a further 26% of doctors.

Looking ahead: what does Brexit mean for the future of dermatology?

The EU has pioneered interoperability in electronic and mobile health^{9, 10}, improving the treatment of citizens while abroad. Big data is better the larger the database, something achievable by combining British and pan-European databases to optimise patient surveillance.

Due to its visual nature, dermatology also has immense potential for health technology. Teledermatology could support primary care and provide specialist access in remote and rural areas¹. However, departing the European Digital Single Market could delay technology development due to proprietary issues.

Cushioning the blow: what can we do?

So what steps can be taken to minimise the impact of Brexit in the different aspects of British dermatology? Optimising integration with the EU in economic, legal and regulatory aspects will be key to ensure research funding and collaboration with Europe.

In terms of research and policy, it will be important to reinforce British influence on non-EU based networks, including the European Society for Dermatological Research and the European Dermatology Forum.

Conclusion

British dermatology is likely to suffer a heavy blow from leaving Europe in the context of an increasingly globalised world. The funding, expertise, and staff provided by the EU has benefits starting at wet lab research and running all the way up to population health monitoring. While Brexit is driven by a political agenda largely out of control for everyday researchers and clinicians, we can strive for initiatives that could perhaps define a new era in 'British dermatology', characterised by innovations in population data and health technology initiatives.

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