



UK COVID Inquiry

Module 4 – Vaccines and Therapeutics

Report and recommendations

Reaction and key points from FPM

July 2026

Introduction

The UK COVID Inquiry published its report for Module 4: Vaccines and Therapeutics on the 16 April 2026. The report, along with its key recommendations, can be found on the Inquiry website [here](#). Overall, the Inquiry concludes that:

“The vaccination programme was an extraordinary feat. Effective vaccines were developed, produced and delivered to the majority of the population in record time.”

There is a wealth of very considered analysis throughout the report. It is evident that the Inquiry has taken a balanced and pragmatic approach to developing the report and its recommendations. It recognises the highly unusual circumstances, giving credit where it is due, but also criticises mistakes and makes not unreasonable suggestions for adaptations and improvements that could, in time, be made.

The Faculty of Pharmaceutical Medicine (FPM) was active in very many ways during the COVID pandemic – supporting our members as they pursued R&D at lightning pace, engaging with and advising Government and regulators, and providing information and education to professionals, the public and the press and media. It is heartening, therefore, that throughout the report, there is recognition of the enormous efforts made by the life sciences sector in tackling the pandemic. Although not mentioned explicitly, it is made clear that, through the many facets of the specialty of Pharmaceutical Medicine, a great many lives were saved. The work of both commercial and academic drug developers is praised and there are repeated calls for stronger partnerships and collaborations. The regulatory systems and personnel in the UK are also lauded.

When the time came, in June 2022, for the COVID Inquiry to set out its terms of reference, FPM stood ready to engage. In October 2024, we submitted a statement to Module 4: Vaccines



and Therapeutics of the Inquiry. The statement outlined our experience and the experiences of our members during the pandemic. We made a number of recommendations for the future. In January 2025 the public hearings for module 4 commenced. Although FPM was not directly involved at that time, we were actively monitoring the hearings and analysing the contributions and debates.

Now that the final report is published we present a further analysis of proceedings, compare and contrast the Inquiry's report to our own original recommendations and make further proposals for next steps and innovations.

Overview of the inquiry report and recommendations

Key recommendations

- *establishing a pharmaceutical expert advisory panel to oversee the UK's preparedness to develop, procure and manufacture pharmaceuticals (vaccines and therapeutics);*
 - *producing targeted vaccination strategies and communications in order to increase vaccine uptake and reduce inequalities, including consulting with local networks about communication campaigns and delivery approaches;*
 - *improving monitoring and evaluation of vaccine uptake and delivery in order to understand the measures proven to be effective in increasing vaccine uptake;*
 - *facilitating regulatory bodies' access to healthcare records for the purposes of post authorisation safety monitoring of new vaccines and therapeutics; and*
 - *reforming the Vaccine Damage Payment Scheme as soon as possible, with an increase in the minimum payment awarded to those injured by a vaccine and a fairer system for determining payment.*
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As outlined in our introduction, the Inquiry report was generally positive about the way the life sciences ecosystem in the UK dealt with the emergence of the COVID-19 disease and management of the pandemic. It is estimated that the vaccination programme saved around 475,000 lives in England and Scotland. The inquiry identified a number of key elements of the UK response to the COVID that fostered this environment and enabled it to develop or discover effective vaccines and therapeutics within less than a year of the pandemic threat emerging:



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- the rapid and coordinated funding for research into vaccines and therapeutics;
 - an expedited regulatory approval and recruitment system for clinical trials, as well as expedited authorisation of new vaccines and therapeutics, without compromising on public safety;
 - the rapid establishment of specialist vaccine and therapeutic taskforces, which brought together national expertise and acted decisively to coordinate the search for effective vaccines and drugs; and
 - the adoption of an at-risk approach to vaccine procurement by funding research on and development of a wide range of vaccine candidates, knowing that some would not be successful, to create as many opportunities as possible to discover an effective vaccine.
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FPM recommendations and report comparison

Planning and strategy

FPM Recommendations

- Pandemic planning should be updated regularly and learnings from outbreaks and from innovative ways of developing drugs fed into the plan. More international planning and communication and cross sector input should be considered.
- FPM would recommend more established framework for coordination between the CMOs and other health structures of the four nations of the UK. Four-nation bodies such as the recovery, resilience and growth programme (RRG) should be continued and modelled.
- In a future pandemic scenario there should be better national and international coordination and prioritisation, and a higher standard of control of clinical trials.
- In a future pandemic, there should be a greater and earlier focus on community health and treatments and not just hospitalised patients. Alongside this, therapeutic treatment research should be prioritised, alongside vaccines.

Comparison to report

At the start of the pandemic it was fortunate that the UK was a world leader in biomedical sciences. In order to be prepared for future pandemics, the Inquiry concludes that it is vital that investment in life sciences is maintained. FPM strongly agrees and supports this. However, it is also vital that in addition to this domestic focus, the UK maintains good links with Europe, the USA and the rest of the World. The scientific community and life sciences companies are global in their nature. Although this Inquiry is UK-focussed we do not, of course, exist in a vacuum and FPM advocates the growth of stronger international networks and closer collaboration with global partners.

Domestically, as recommended by FPM and in the Inquiry report, there are opportunities for the devolved nations to work together and pool expertise and resources – especially in clinical research – whilst maintaining the distinct structures and processes that suit their own communities.

During the course of the Inquiry, Professor Sir Mene Pangalos observed that public–private partnerships and close collaboration between academia, governments, research institutes and industry were critical in the response to COVID-19 and would be critical in accelerating and strengthening any response to a future pandemic. The



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Inquiry also stated *'It is vital that investment in life sciences is fostered and maintained. The partnership between government, academia and the pharmaceutical industry was a crucial part of the UK's approach to tackling Covid-19. We will not be as well prepared to face the next pandemic if industry has deserted the UK. The strength of the UK's relationship with industry is important not only to the development of vaccines and therapeutics but also their procurement and manufacture.'* FPM strongly supports these sentiments. Most FPM members work in commercial environments, but this in no way is at odds with their drive to support public health, especially in times of crisis. This drive and passion, along with their unique skills, should be fostered and utilised both during a pandemic and in routine practice.

Innovation and clinical trial structures and processes

FPM recommendations

- Technological innovations in clinical trials and systems, such as the shift towards variations on remote monitoring and an increasing use of adaptive trial designs and the amalgamation of development phases, should be reviewed and learnt from and any good practices adopted.
- A future pandemic should not lead to the cessation of ongoing trials for other conditions. There was a lack of collaboration around this.
- Full assessment of therapeutic treatments for COVID-19 by NICE and ongoing guidance should be delivered in a timely manner in future.
- Systems for safety surveillance and adverse events in vaccines were sufficient and implemented well.

Comparison to report

Surprisingly, the Inquiry does not examine the innovations, such as remote monitoring and adaptive trial designs, that were forced due to the 'restrictions' imposed by the pandemic. As FPM outlines, many of these innovations have real value in terms of patient experience and may also help to bring efficiencies to the system. We would encourage Government to continue to examine and learn from these innovations, and consider adopting them during routine clinical practice, as well as in preparing for the next pandemic.

Whilst the processes and systems for prioritisation of COVID-19 trials are generally agreed to have worked well, one aspect of clinical trial management that is not discussed in the Inquiry report is the degree to which other, non-COVID, trials were paused or stopped to make way. It is understandable that the system tilted towards



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the imminent public health threat, but it is inevitable that many members of the public with pre-existing conditions may have missed out on participating in trials and the potentially beneficial treatments being studied. FPM would urge Government to adopt a balanced approach, whereby existing trials, often with a potentially vital public health outcome, may be given resources and budget to continue.

The Inquiry report examines the development and implementation of the 'rolling review' process, used by the MHRA to speed up the pace of approval of treatments during the pandemic. The Inquiry concluded that, whilst *'more challenging'* and *'requir[ing] a greater level of resources than standard procedure'* these processes do not affect the rigour of the scrutiny applied by the MHRA and were widely commended. It is the MHRA's position that rolling reviews should be used in cases of high public health need or during pandemics. The Inquiry and FPM agree with this sentiment – while not practicable under normal circumstances, a rolling review process should be adopted in the event of a future pandemic.

Inclusion and diversity

FPM recommendation

- Some groups were underrepresented in clinical trials due to a range of factors, including geography, hesitancy and mistrust in participation as well as researchers not endeavouring to recruit from diverse populations, resulting in less knowledge of the disease and the impact of treatments in these groups. The disease also appeared differently in different ethnic groups and was more severe in some. The Open Safely report has been very helpful in establishing whether the roll-out of vaccines was undertaken equitably. We would benefit from a greater understanding of illness in diverse groups in future. Diversity of clinical trials staff and clinical trial participants should be promoted as this may help to reassure a diverse population that the treatments being developed are safe and effective for them to use.

Comparison to report

The report very well acknowledges and tackles the issues of underrepresentation of certain groups in clinical trials and in the vaccinated population in the UK.

With regards to diversity of clinical trials participants - paragraphs 2.100 to 2.111 of the report point to the fact that clinical trial populations were sufficiently diverse overall, but this was mainly due to international trial sites – i.e. in South America and South Africa. However, although the UK does have an ethnically diverse population, this diversity was not represented locally. A local representation would have helped to support understanding and engender trust in ethnic and religious communities.



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Barriers to vaccine uptake included:

- **Hesitancy** – usually for cultural or religious reasons;
- **Distance** to vaccination centres and the cost, or lack, of transport;
- **Lack of awareness** of eligibility and options for vaccination due to poor communication;
- **a lack of familiarity** with the UK's health systems; and
- **a lack of accessible** formats for vaccine invitations for disabled people and those with language barriers.

Reflecting the FPM's commentary, the Inquiry stated '*The experience of Covid-19 in the UK demonstrates that one cannot expect to see high coverage by acting only during a public health emergency. Long-running and entrenched inequalities need to be tackled between emergencies by using local, place-based partnerships. There needs to be a frank recognition of how to build trust with marginalised communities and what investment is required. There must be a better and clearer process of direct consultation between health and public health agencies and representatives of those groups facing barriers to vaccine uptake, or with lower vaccine uptake, leading to the formation of partnerships and strategies for increased vaccination.*'

During the early stages of a pandemic or public health crisis there may be a lack of accurate information and understanding of the situation. In this environment, it is perhaps inevitable that misinformation may spread quickly. The FPM and its membership did much during the COVID-19 pandemic to support a broad understanding of the disease and in helping foster a confidence in what the vaccine was, to help support the public's decision-making. FPM's diverse members acted as role-models and champions in their communities. The Inquiry discusses how the lower vaccine uptake in poorer communities and among some ethnic minority groups was predictable and could have been better mitigated - although it praises the way the vaccine was delivered later in the pandemic via pop-up clinics and in partnership with community and religious groups.

The Inquiry concludes '*Governments and health services must work with communities to rebuild trust and promote a better understanding of, and confidence in vaccines*', which FPM strongly supports.

Therapeutics and clinical management

FPM recommendations

- Immunocompromised populations have not been effectively managed. They were not helped to present early enough for treatment to be effective and were not offered a potentially effective treatment (Evusheld) at the right time. Evusheld was available privately but not publicly.



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Comparison to report

Chapter 3.74 to 3.83 of the Inquiry report discuss the decision-making process around the (non)procurement of Evusheld. It was evidently a complex equation, involving aspects of shelf life, cost and effectiveness in evolving variants of the disease. Despite some witnesses stating that the consideration of at-risk purchase of Evusheld was at odds with that taken to vaccines and there was simply less appetite or enthusiasm in relation to these antibodies and prophylactics, the inquiry ultimately concludes that *'the decision not to proceed with the advance purchase of Evusheld in February 2021 was a reasonable one'*. The Inquiry report does not recognise that, following approval, Evusheld was available privately and that resulted in a two-tier system for the clinically vulnerable.

Perhaps understandably, as this was a situation very specific and unique to the circumstances of the time, the inquiry report does not make a specific key recommendation on Evusheld. The inquiry states that: *'Evusheld may or may not have been the answer, but the Inquiry accepts without reservation that the need to provide protection to the immunocompromised, including through prophylactic drugs, must be a priority when preparing for the next pandemic.'* However, it would be remiss to not approach a future pandemic without learning these lessons and ensuring that no one individual or group gets left behind.

FPM recommended a greater and earlier focus on community health and treatments. The Inquiry report does highlight the vital role of therapeutics. The drug dexamethasone was being used to save the lives of hospitalised Covid-19 patients by June 2020, within hours of trial results confirming its effectiveness. By March 2021, it is estimated to have saved 22,000 lives in the UK and one million across the globe.

However, the success of dexamethasone was not emulated in other therapeutics in development. Again, witnesses point to a lack of focus, and, ergo, investment in antivirals. Professor Sir Peter Horby, Co-Chief Investigator of the RECOVERY trial and Director of the Pandemic Sciences Institute at the University of Oxford, observed that those antivirals that were shown to have some benefits during the pandemic were developed by US companies. He explained that the UK had the scientific capabilities to conduct the *"foundational research"* to develop such products but that there was *"insufficient investment in their development"*. Although in the Inquiry report there is a repeated acknowledgement of the need for a broader research strategy and how this can be better embedded into day-to-day practice in the NHS, the Inquiry fails to make a specific and tangible recommendation on the development of therapeutics, both during peacetime and during wartime.



Workforce

FPM recommendations

- The healthcare workforce should have a better understanding of respiratory diseases, their symptoms, including ARDS, and the role of prevention and treatment.
- FPM would recommend that the extensive and wide expertise in drug development amongst practitioners of pharmaceutical medicine is better and more extensively utilised in pandemic planning and response. This includes representation on national committees and decision-making bodies, e.g. the JCVI.
- We recommend that an increased understanding and expertise of respiratory diseases and treatments including antiviral medicines and antibiotics in central government and DHSC, either through recruitment from science / medical backgrounds, or through adequate training.
- Diversity of clinical trials staff and clinical trial participants should be promoted as this may help to reassure a diverse population that the treatments being developed are safe and effective for them to use.
- A review is undertaken to assess the clinical workforce training needs specific to a pandemic situation and what of this could be undertaken routinely, and what could be implemented rapidly during a future pandemic.

Comparison to report

FPM is very pleased to see that the first recommendation in the Inquiry's report is to establish a pharmaceutical expert advisory panel to oversee the UK's preparedness to develop, procure and manufacture pharmaceuticals (vaccines and therapeutics). The panel should include *'ministers, civil servants and representatives from industry and academia, and be led by an independent Chair with experience of working in a relevant industry.'* The role of this panel should be to *'encourage strong links between government and the pharmaceutical industry and to advise the UK government on how to incentivise pharmaceutical companies to invest in manufacturing facilities and research in the UK.'*

We believe this is very encouraging and represents a recognition of the skillset and deep and broad knowledge of pharmaceutical physicians and allied professionals. We hope that this expert advisory panel can then inspire a change in attitudes across the system, led from the top down. It is well recognised that there is a lack of scientific and medical experience and knowledge amongst the civil service and central government.



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Hopefully this panel, in addition to its core remit, can also go some way to addressing FPM and Dame Kate Bingham's concerns that during the pandemic there was *"an overly bureaucratic focus on process rather than outcome, a deep suspicion of industry, and a lack of scientific, commercial and manufacturing skills within government."*

FPM's recommendation to develop and embed knowledge and skill in clinical research within the NHS is recognised. We would echo the Inquiry's comment that *'research is increasingly seen as an essential part of healthcare'*.

In addition to a broad knowledge of clinical research, FPM believes that the healthcare workforce should have a better understanding of respiratory diseases and symptoms, appropriate to individual roles and remits. FPM is already striving to support this, with the introduction of our 'Managing Respiratory Diseases' e-learning series and other resources. Some medical courses in the UK already explicitly teach pharmaceutical medicine, but this is still a minority.

One aspect of diversity that is not discussed in detail in the report is that of the workforce themselves. The NHS workforce and, indeed, the pharmacy and life sciences workforce in the UK, are already very diverse in ethnicity and background. This incredible diversity has the potential to be exploited even further to foster closer links between healthcare and all of society.



Conclusions and next steps

As outlined above, FPM strongly supports the majority of the Inquiry's findings and recommendations. There are some areas that we feel may have been overlooked or not emphasised sufficiently, and we have endeavoured to highlight these and presented the case to reconsideration and reappraisal.

FPM is ready to work with Government and other stakeholders to support implementation of the recommendations of the Inquiry report. Many of the recommendations contained within the report play very well to the strengths of FPM and our membership. Indeed, FPM's Strategy 2026-28 contains strong threads of innovation and in enhancing the influence of our profession. During the strategic period, FPM's structures and offerings will encourage the showcasing of innovation in action, inform debate and guide stakeholders in medicines development, and promote engagement in national and international consultations and exercises on health policy and innovation.

FPM would like to thank all those who contributed to the organisation's work during the COVID-19 pandemic, in preparing and submitting the statement and recommendations to the Inquiry and those who continue to support the organisation in our vital education and advocacy work.

"The Inquiry report shines a spotlight on the remarkable progress that can be achieved when kind, compassionate and clever people work together to achieve what many thought was impossible. However, we know that this is not the end, and in many ways there is still much work to be done, to help those still affected and to prepare for the next pandemic. FPM stands ready to lead and support those efforts."

Dr Sheuli Porkess, FPM President