

When a community pharmacy needs another pharmacist, the first response is often to advertise the vacancy. That makes sense: a qualified pharmacist can contribute quickly, subject to the role, checks and local induction. But in a tight labour market, advertising is not a workforce plan. If every pharmacy tries to solve the same shortage by recruiting from the same pool of registered professionals, some will wait longer, pay more or keep operating with gaps.

The risks are becoming more visible as community pharmacies take on additional clinical work. In England, the Pharmacy First service launched in January 2024, giving community pharmacies a greater role in managing certain common conditions. That can bring valuable care closer to patients, but it also adds work that has to be delivered safely and fitted around existing services.

This article looks at why relying only on the existing pharmacist labour market can leave a pharmacy exposed, and how apprenticeships can form one part of a more resilient staffing approach. An apprenticeship is not a quick substitute for a registered pharmacist. It is a structured way to develop future staff, with a defined training route and the supervision and time that learning requires.

Why Pharmacy First puts workforce capacity under pressure

Pharmacy First increased the clinical role of participating pharmacies in England from January 2024. The service covers specified conditions and pathways, with requirements that pharmacists follow the relevant clinical protocols and referral arrangements. It is not simply an extra item on a task list: consultations need time, privacy, clinical judgement and appropriate records.

The effect on a rota varies. A pharmacy's workload depends on factors such as the number of consultations, local demand, opening hours, staffing levels, other services and the way the team shares tasks. A busy site may need to protect pharmacist time for clinical consultations. Another may be more affected by peaks in dispensing, sickness absence or the need to maintain safe staffing while a pharmacist is off-site or on a break.

The practical point is that additional services consume capacity, even when they also support the pharmacy's role and income. If a pharmacy adds clinical work without reviewing who does what, existing staff can end up carrying more pressure. That can lead to longer waits, less time for patient conversations, missed opportunities to complete training and greater strain on the rota.

What happens when a pharmacy recruits only from the existing market?

Recruitment remains necessary. The risk lies in treating it as the only answer. When a pharmacy relies exclusively on hiring already-qualified pharmacists, it has to find a suitable person who is available, interested in that location, willing to accept the terms and able to start within the required timeframe.

That thebusinessdesk.com is a limited candidate pool. It can be especially difficult for employers in areas where several pharmacies, GP practices, hospitals or other healthcare organisations seek pharmacists at the same time. The same vacancy may also be competing with different working patterns, commute lengths, responsibilities and pay offers.

1. Vacancies can take longer to fill

A job advert cannot create more registered pharmacists in the local market. If few suitable candidates are looking, a pharmacy may need to advertise repeatedly, adjust the role or broaden its search. Until it appoints someone, the work does not disappear. Other team members may cover shifts, managers may spend time on recruitment, or the pharmacy may have to review its opening arrangements and services.

There is no single reliable vacancy-filling timeframe for every pharmacy. It depends on location, hours, salary, role design and candidate availability. Employers should therefore track their own data: days from approval to appointment, number of suitable applicants, reasons for declined offers and how often vacancies leave shifts uncovered. Without those denominators, a general claim that recruitment is “getting harder” is difficult to act on.

2. Competition can raise costs without solving capacity

When employers compete for a small number of candidates, they may need to improve pay, benefits, flexibility or development opportunities. Those changes can help attract and retain staff, but they do not guarantee an appointment. A pharmacy can spend more on advertising or agency cover and still face the same underlying shortage.

Competition also affects retention. If a pharmacist sees a better offer nearby, the employer may lose someone it has already invested in. The resulting vacancy can bring further recruitment and induction costs, while colleagues take on additional work. A plan based only on the next hire overlooks the cost of losing the people already on the rota.

3. A vacancy can make service delivery fragile

A rota with little spare capacity is vulnerable to ordinary disruptions: annual leave, sickness, training, family responsibilities and unexpected peaks in demand. If one pharmacist’s absence means the pharmacy cannot safely deliver its usual range of services, the issue is not just recruitment. It is the lack of resilience in the staffing model.

In real pharmacies, rotas often break at the points where work overlaps: a consultation runs longer than expected, a delivery arrives, a colleague calls in sick, or several patients need help at once. Recruiting another pharmacist may be the right response, but employers should also look at task allocation, handovers, relief cover and whether support staff have the right training for the work they are asked to do.

4. Repeated short-term fixes can weaken retention

Agency cover, overtime and last-minute shift changes can help manage immediate gaps. Used frequently, they may increase costs and place pressure on the permanent team. Staff who repeatedly cover vacancies may have less time for breaks, development or the patient-facing work they value.

That can create a difficult cycle: a vacancy increases pressure on the team; pressure contributes to dissatisfaction or departure; and the employer must recruit again from the same limited candidate pool. Recruitment-only thinking can miss the conditions that make people stay.

Community pharmacy workforce numbers: use the right comparison

Pharmacy employers regularly hear that workforce numbers are falling or that a shortage is worsening. Those statements need a date, a geography and a denominator. For example, a change in the number of pharmacists registered in the UK is not the same as a change in the number of pharmacists working in community pharmacy in England. Headcount is also different from full-time-equivalent capacity, and neither tells you how many people are available to work a particular shift in a particular area.

For that reason, avoid treating one national figure as proof of what is happening in your locality. Check the publication date, what group the data measures and whether it counts registrations, jobs, headcount or full-time equivalents. Then compare it with your own vacancy, turnover and rota data. A pharmacy can face a genuine workforce shortage locally even if a national headcount looks stable, because demand, hours and staff distribution also matter.

For England-specific context, employers can review official NHS workforce and pharmacy-service publications and check the definitions attached to each dataset. When describing a trend in a business case or recruitment plan, state the period and measure—for example, “our pharmacy had three pharmacist vacancies lasting more than 30 days between April and September”—rather than presenting an undated national claim.



Apprenticeships can build a staffing pipeline—if the plan is practical

Apprenticeships offer a way to develop people rather than relying solely on hiring experienced staff from outside. Depending on the role and training route, an apprenticeship can support a new entrant or an existing employee to

gain skills and a recognised qualification while working. The value is not that an apprentice immediately fills a pharmacist vacancy. They do not. The value is that an employer can create a planned route into future roles and strengthen the wider team over time.

Tend Training's pharmacy apprenticeship training category page is a useful place to explore relevant pharmacy apprenticeship options and training information: tendtraining.co.uk/pharmacy-apprenticeship-training. Employers should confirm the current programme details, eligibility, duration, funding arrangements and assessment requirements directly with the provider. These can change, and they vary by apprenticeship standard and learner circumstances.

What an apprenticeship can contribute

- **A broader entry route:** Employers can consider candidates with potential and a commitment to learning, rather than recruiting only people who already hold the experience needed for a vacancy.
- **Skills developed around the workplace:** Learners can apply training in a real pharmacy setting, with responsibilities appropriate to their role, competence and supervision.
- **Progression for existing staff:** A structured learning route can help employees build capability and see a clearer next step in their career.
- **More stable workforce planning:** A planned intake can give an employer a view of future skills needs instead of waiting for a vacancy before acting.

What apprenticeships do not solve on their own

An apprentice needs protected learning time, suitable supervision and meaningful work experience. That takes staff time and needs to be reflected in the rota. Apprentices should not be treated as cheap labour or counted as a replacement for a registered pharmacist. They work within the limits of their role and competence, and a pharmacy remains responsible for safe staffing and appropriate supervision.

There is also a time lag. Training takes time, and completion does not automatically mean a learner is ready for every role or will remain with the employer. The route, qualification and next steps depend on the programme and the learner's goals. A workforce plan should therefore include both immediate cover and longer-term development.

How to build a more resilient workforce plan

A stronger approach combines recruitment, retention, better use of the current team and structured development. Start with the work the pharmacy needs to deliver, not just the job title it wants to hire.

1. **Map demand across the week.** Note when dispensing, consultations, deliveries and other services peak. Include seasonal variation and known commitments such as training or annual leave.
2. **Check the rota against the work.** Identify which tasks require a pharmacist, where trained colleagues can safely provide support and where the pharmacy has no cover if one person is absent.
3. **Measure recruitment and retention.** Track time to hire, suitable applications, offer acceptance, turnover and the use of overtime or agency cover. Give every figure a date range and denominator.
4. **Improve the offer and working environment.** Review pay, hours, flexibility, induction, workload and development. Ask current staff what makes them stay—and what makes a shift difficult to manage.
5. **Plan development before a vacancy appears.** Identify roles and skills the pharmacy may need in the next one to three years. Explore suitable apprenticeship routes, supervision capacity and how learning time will fit

into the rota.

6. **Review progress regularly.** Check whether the plan is producing the intended outcomes, such as improved retention, fewer uncovered shifts or more staff with relevant skills. Adjust the plan when local demand or service requirements change.

Approach What it can do What to watch Recruit an experienced pharmacist Address an immediate need when a suitable candidate is available Competition, time to hire, pay pressure and the risk of another vacancy elsewhere Use temporary or agency cover Provide short-term support for gaps or planned absence Cost, continuity, availability and the burden of repeated handovers Develop existing staff Build skills and support progression within the team Protected learning time, supervision and alignment with the role Offer an apprenticeship Create a structured route to develop future capability Training duration, support requirements and the need for immediate cover while the learner trains

The bottom line

Relying only on the existing pharmacist labour market exposes a pharmacy to a limited candidate pool, competition and a workforce shortage that may be particularly acute in its local area. It can also make the rota vulnerable to routine absence and rising service demand, including the added clinical activity associated with Pharmacy First in England.

Recruitment still matters, but it works better as one part of a wider workforce plan. Employers can improve the day-to-day conditions that retain pharmacists, build reliable cover, review how work is allocated and develop future staff through appropriate training routes. Apprenticeships are a longer-term investment—not an instant answer to today's vacancy—but with supervision, protected learning and clear progression, they can help a pharmacy rely less on repeatedly competing for the same people.