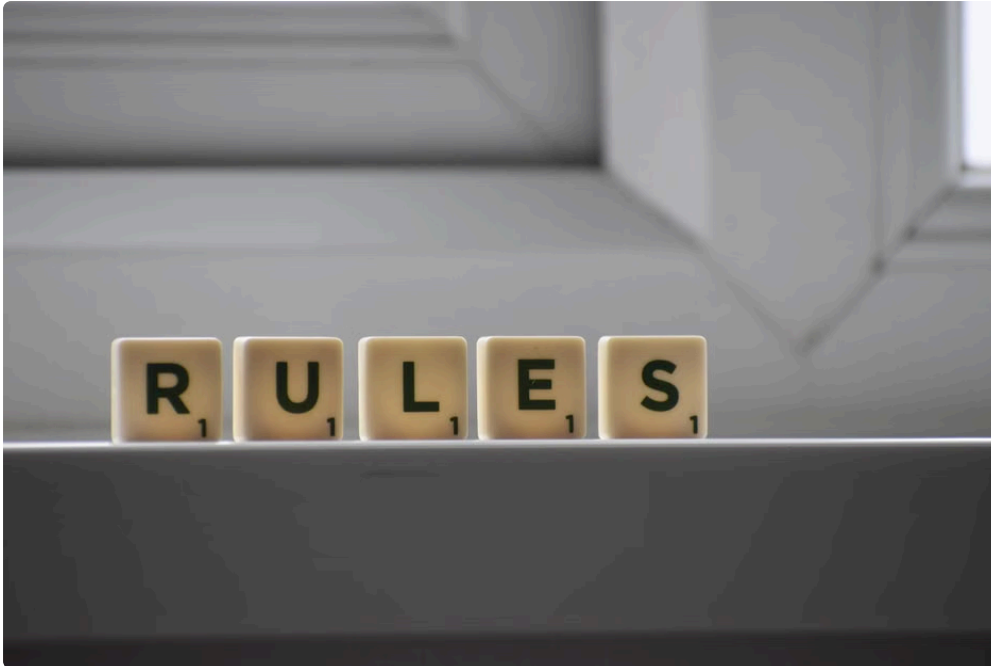


Community pharmacies are being asked to do more while many are finding it harder to recruit and retain pharmacists. Pharmacy First, introduced in England in January 2024, added new clinical services to the work already happening at the counter and in the dispensary. At the same time, workforce figures point to a fall in the number of pharmacists working in community pharmacy.



That combination helps explain why pharmacies may feel short-staffed in 2025. But one important detail comes first: a workforce survey does not necessarily measure the workforce in the same calendar year that people discuss it. The figures often quoted— **28,763 to 25,822 pharmacists**—are survey counts from different reporting periods, not a verified, like-for-like count of everyone working in community pharmacy in 2025 versus 2024.

Understanding the gap between the headline and the underlying data matters. So does looking beyond recruitment adverts. When there are not enough experienced pharmacists available to fill vacancies, pharmacies need a plan to develop future colleagues as well as a plan to hire today.

What do the workforce figures tell us?

The **NHS England workforce survey** is one source used to understand staffing in community pharmacy in England. The figures of 28,763 and 25,822 are commonly cited to describe a decline in pharmacists counted in community pharmacy across two survey periods. That is a difference of 2,941, or about 10.2% of the earlier figure.

Measure	Earlier survey figure	Later survey figure	Difference
Pharmacists counted in community pharmacy	28,763	25,822	2,941 fewer (about 10.2%)

These are workforce counts, not a direct measure of the number of full-time equivalent posts, shifts available or patients served. They also do not, by themselves, explain why the number changed. Survey coverage, how employers report staff, movement between sectors and changes in working patterns can all affect the totals.

For that reason, it is more accurate to describe the figures as evidence of a **community pharmacy workforce drop** across the survey periods than to claim they prove an exact fall between 2024 and 2025. If a pharmacy is making a business case or workforce plan, it should check the publication dates, definitions and comparison period in the source data before quoting a year-on-year change.

Why does the shortage feel worse in 2025?

A falling headcount can make recruitment harder, but it is not the only reason a team may feel under pressure. Demand, rota design, local competition and the time required to train new staff all shape how many people are available to deliver services on a particular day.

Pharmacy First added clinical work

Pharmacy First began in England on 31 January 2024. It enables community pharmacies to provide advice and, where appropriate, treatment for a defined set of common conditions, alongside support for urgent repeat medicine supply and referrals for minor illness. It gives patients another route to care and recognises the clinical skills of pharmacy teams.

But a new service still needs people and protected time. A Pharmacy First consultation may involve assessing symptoms, checking eligibility, documenting the encounter, giving advice, supplying a medicine when appropriate and arranging onward care if the patient needs it. The work does not disappear because the consultation takes place in a community pharmacy rather than another part of the health service.

That can create pressure when a pharmacist is also checking prescriptions, answering clinical queries, supervising the team and keeping the pharmacy open safely. A service can increase workload even when it is valuable to patients. The practical question for owners is whether staffing and workflow have changed to match the additional responsibilities.

More services compete for the same clinical time

Pharmacy First is part of a wider shift towards community pharmacy delivering more clinical services. Each service can bring benefits, but services need to be considered together. Pretty simple. If consultations, vaccinations, dispensing and day-to-day enquiries all rely on the same pharmacist, a busy hour can quickly become a bottleneck.

In real life, rota pressure often shows up in familiar ways:

- A pharmacist is booked to deliver a service but must also resolve dispensing or clinical queries.
- There is no reliable cover when someone takes leave or calls in sick.
- Peak-time demand overlaps with consultation appointments.
- Experienced staff spend time correcting avoidable errors instead of supporting patients.
- Training gets postponed because the team cannot spare the time to coach a new colleague.

These are not just recruitment problems. They are also workload and operating-model problems. Adding a vacancy advert will not fix a rota that depends on one person carrying several competing responsibilities at once.

Recruitment-only strategies struggle in a tight labour market

Recruiting an experienced pharmacist remains important. However, in a tight labour market, several employers may be trying to attract the same limited group of candidates. A higher salary may help one employer fill a vacancy, but it can move the staffing gap to a neighbouring pharmacy rather than add capacity to the wider workforce.

Recruitment-only approaches also tend to react to the immediate vacancy. They do not necessarily improve retention, build skills in the existing team or prepare someone to step into a role later. If a pharmacy has repeated

vacancies, it needs to ask why people leave, what makes the workload sustainable and how it will develop colleagues over time.

That does not mean employers should stop recruiting. It means recruitment should sit alongside practical retention and workforce-development measures. A clear induction, realistic rotas, good supervision and a visible development route can help people see a future in the organisation—and make it more likely they will stay.



How apprenticeships can build a staffing pipeline

An apprenticeship is a structured way to develop skills while someone works. In a pharmacy setting, the right programme can help an employer build capability in the team and create a route into further responsibility. It is not a shortcut to replacing a registered pharmacist, and an apprentice should not be treated as a source of cheap labour. The person needs paid work, appropriate supervision, protected learning time and tasks that match their role and competence.

Apprenticeships are most useful when they answer a specific workforce question. For example: which duties can appropriately be supported by trained team members, where do colleagues need stronger medicines or customer-service knowledge, and what skills will the pharmacy need as its service offer develops?

What an apprenticeship pipeline looks like week to week

“Build a talent pipeline” only means something if the employer can explain how it works in practice. A workable apprenticeship plan might include:

1. **Identify the role and skills needed.** Set out what the apprentice will learn, which tasks they may undertake and which responsibilities remain with registered professionals.
2. **Choose suitable training.** Match the programme to the person’s role, experience and intended progression. Confirm the provider’s support, assessment approach and expected commitment before enrolment.
3. **Make time for learning.** Put study and coaching into the rota rather than assuming the apprentice can fit learning around a full workload.
4. **Assign a supervisor or mentor.** Agree who will check progress, answer questions and raise concerns. Supervision needs to be available on ordinary busy days, not only during formal reviews.

5. **Review progress regularly.** Use short check-ins to discuss skills, confidence, learning tasks and any barriers. Adjust duties as competence develops.
6. **Plan the next step.** Before the programme ends, agree what role the person could move into and what additional training or registration would be needed for further progression.

Think about it: this approach takes time and planning. It can also reduce the pressure on experienced colleagues over the longer term by developing more capable team members, supporting better task allocation and giving people a reason to stay. It will not solve a pharmacist vacancy next week, and it cannot replace the professional judgement of a registered pharmacist.

Choosing pharmacy apprenticeship training

Employers can explore pharmacy-related programmes through the [Tend Training pharmacy apprenticeship training category page](#). Before choosing a programme, check that the training fits the job role and the employer's development goals. Ask about eligibility, delivery format, assessment, learner support, the time commitment and how the provider works with the pharmacy's supervisor or mentor.

It is also worth asking candidates what progression could realistically follow the programme. "Career progression" should name a next role, the skills or qualifications required and an approximate review point. Without those details, it is a promise without a plan.

What community pharmacy employers can do now

Apprenticeships are a medium-term investment, not an emergency rota fix. Employers can take immediate steps while they build that longer-term capacity:

- **Check the data before making a claim.** Record the source, reporting period, workforce definition and whether the measure is a headcount or full-time equivalent.
- **Map workload against the rota.** Identify when dispensing peaks, consultations and other services overlap. Look for repeated pinch points rather than relying on a general sense that the team is busy.
- **Review retention.** Ask why people leave, whether breaks and leave are workable, and whether workload matches the staffing plan.
- **Use the whole team appropriately.** Make sure trained colleagues know which tasks they can safely undertake and when they must refer to the pharmacist.
- **Protect training time.** If learning always gets cancelled when the pharmacy gets busy, the development plan will not deliver.
- **Build realistic cover.** Consider how the pharmacy will manage planned leave, sickness and service demand without relying on one person to absorb every gap.

The answer is not simply "hire more pharmacists"

The 28,763 to 25,822 figures point to a substantial fall across the survey periods, but they should not be presented as a clean 2025-versus-2024 comparison unless the source data confirms that timeframe and uses the same definition. The **NHS England workforce survey** helps show the scale of the challenge; local rotas and workload reveal how it affects each pharmacy.

Pharmacy First increased the clinical work community pharmacies can provide. A smaller or stretched workforce can make that work harder to deliver alongside dispensing and existing services. In a tight labour market,

recruitment remains necessary, but recruitment alone cannot reliably create more capacity or solve retention problems.

Apprenticeships offer one part of a stronger response: a structured way to develop people already working in, or entering, pharmacy. With suitable training, supervision, protected learning time and a defined next step, employers can build capability without pretending that apprentices replace pharmacists. The best workforce plans do both: manage today's <https://www.thebusinessdesk.com/yorkshire/your-news/pharmacy-employers-need-to-start-building-the-workforce-they-will-need-tomorrow> rota carefully and start developing the colleagues who can strengthen tomorrow's team.