

A recruitment gap rarely stays confined to the vacancy on your rota. The work still arrives, so the people already on shift absorb more of it: extra prescriptions, more patient conversations, longer queues and fewer chances to take a proper break. That can keep the doors open for a while. It can also push experienced staff towards reducing their hours or leaving altogether.

For community pharmacies, the pressure is especially visible as services expand. Pharmacy First launched in England in January 2024, adding consultations for eligible conditions to the work pharmacies already do. At the same time, community pharmacy employers have reported difficulty recruiting and retaining staff. The practical response cannot be “just advertise harder”. In a tight labour market, recruitment takes time; meanwhile, the team needs a workable plan for today’s workload.

This guide sets out practical ways to reduce workload strain, improve rota planning and protect retention while you recruit. It also explains how apprenticeships can help build a future staffing pipeline—provided the pharmacy plans for training and supervision rather than treating an apprentice as an immediate substitute for an experienced colleague.

Start by making the pressure visible

“We’re short-staffed” is true, but it does not tell you what to change. Before adjusting the rota or adding another recruitment advert, identify where the pressure lands. A staffing gap may affect the whole day, or it may be concentrated in particular tasks, hours or skill sets.

For two to four weeks, record a small set of measures that your team can maintain without creating another administrative burden. Use the same period for each measure, and be clear about what you are counting.

- **Shift coverage:** scheduled and actual staff by role and hour.
- **Demand:** prescription volume, service activity and busy periods, using the same units each week.
- **Backlog:** work carried forward at closing, such as uncompleted owing items or administrative tasks.
- **Breaks:** how many staff took their planned break, and how many missed or shortened it.
- **Strain indicators:** overtime, sickness absence, late finishes and temporary changes to availability.

These measures will not explain every cause, but they can show whether the problem is a short daily pinch point, a mismatch between skills and tasks, or a general lack of capacity. Compare like with like: for example, a Thursday afternoon with other Thursday afternoons, not with a quiet Monday morning. Avoid drawing conclusions from one unusually busy shift.

Then ask the team what the numbers miss. A five-minute conversation can reveal that the dispensary queue peaks after school, that one person is constantly interrupted, or that service appointments routinely overlap with the busiest handout period. Those details matter when you redesign the rota.

Plan the rota around work, not just headcount

A rota can look complete on paper and still fail in practice. Having enough people on a shift does not guarantee the right combination of skills, breaks or protected time. Good rota planning matches people and capacity to the work the pharmacy expects to handle.

<https://www.thebusinessdesk.com/yorkshire/your-news/pharmacy-employers-need-to-start-building-the-workforce-they-will-need-tomorrow>

Map demand by hour and role

Look at the main activities across a normal week: dispensing, accuracy checking, patient handouts, consultations, deliveries, ordering and administration. Mark when demand rises and which activities require specific competencies. If Pharmacy First consultations are scheduled, include their likely time and follow-up work rather than counting only the appointment itself.

Use the pattern to set minimum safe coverage for each period. A simple rota review might ask:

- Which hours need a responsible pharmacist and which other roles alongside them?
- Who can take over essential tasks when a colleague is in a consultation?
- Are breaks staggered so the team does not lose several people at once?
- What happens when a shift starts late, a delivery arrives at peak time or someone calls in sick?

Build a contingency into the plan, not just an ideal day. A named person may be able to cover a particular task, but only if they have the right training, authorisation and capacity. Make clear which work can be delayed, which needs reassignment and which cannot safely proceed without the appropriate professional oversight.

Protect breaks and limit repeated overtime

Breaks are not a reward for finishing the queue. When a break depends on everything going perfectly, it is likely to disappear on the days the team needs it most. Stagger breaks, name the person providing cover and agree how urgent work will be handled during that period.

Keep a weekly eye on overtime and late finishes. One late close may be unavoidable; repeated late finishes across the same small group are a warning. If the same two people regularly stay behind, review the workload and the shift design instead of relying on their goodwill. Agree how you will track this—for instance, a simple weekly rota note—so the issue does not vanish between managers and shifts.

Reduce workload strain by changing what the team does

More people are not the only way to create capacity. You may be able to reduce avoidable work, move tasks to a better time or make clearer choices about what the pharmacy can deliver safely during a staffing gap.

Separate urgent, time-sensitive and deferrable work

Agree with the team which work needs immediate attention, what must happen within a defined timeframe, and what can wait until a quieter period. Apply the same approach consistently and within professional and contractual requirements. Do not leave individuals to make difficult trade-offs alone during a busy shift.

Review recurring sources of rework: incomplete requests, missing information, repeated calls about the same issue or unclear handovers. A short checklist or a clearer handover process may save time later. Ask the people who do the work to identify the changes most likely to help; a process that looks efficient at a desk may create extra steps at the counter.

Schedule services with the whole shift in mind

Pharmacy First can give patients another accessible route to care, but consultations require time and appropriately trained staff. Where your operating model allows, plan appointments around known peaks and leave room for unplanned demand. Check how consultation cover affects dispensing and handout before opening more appointment slots.

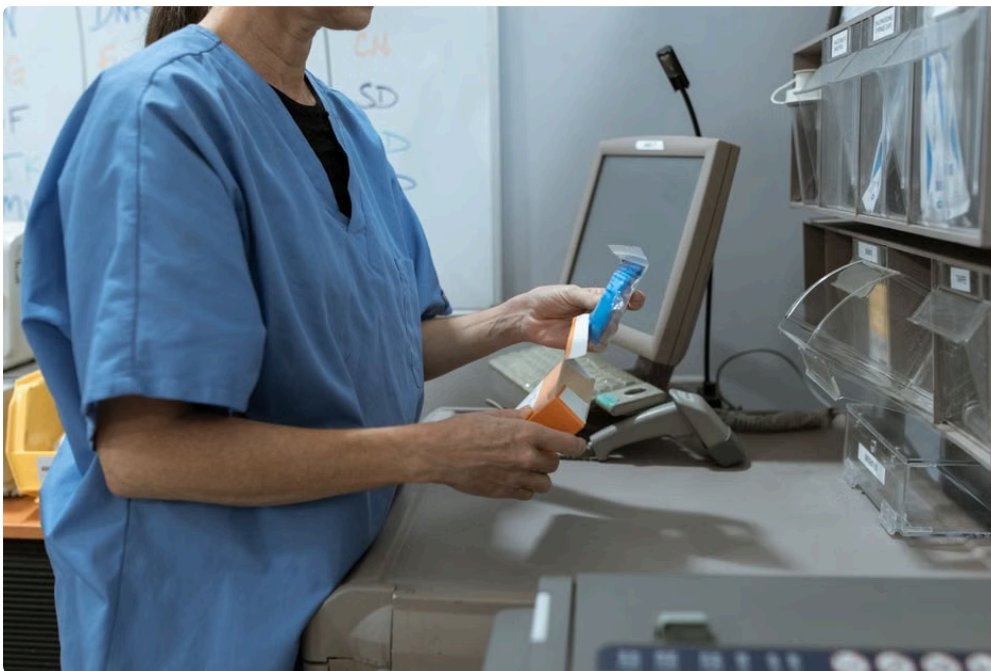
Review activity regularly rather than assuming the same schedule will work every week. Compare appointments completed, the time needed for associated tasks and the effect on the rest of the shift. If a service consistently leaves the core team without cover, adjust the schedule or staffing plan and escalate capacity concerns through the appropriate channels.

Retention starts with the work people experience

Retention is not a slogan on a careers page. It is shaped by what employees experience over repeated shifts: whether they can take breaks, whether managers respond to unsafe pressure, whether work feels fair and whether people can see a realistic way to develop.

Ask for feedback in a format staff can use honestly. A brief monthly check-in can cover workload, rota predictability, training needs and one change that would make the next few weeks more manageable. Close the loop by explaining what you will change, what you cannot change yet and why. If the answer is always “we’ll look into it”, staff learn not to raise problems.

Rota predictability matters too. Publish schedules as early as practical, set a clear process for shift swaps and avoid repeatedly changing agreed hours at short notice. Where the business cannot offer flexibility on every request, explain the constraints consistently and look for options such as a different shift pattern or a planned review date.



Pay and conditions still matter, but so do basic operating conditions: functioning equipment, workable handovers, access to training and clear escalation routes. When a team member raises a safety or capacity concern, respond promptly and document actions. Do not treat speaking up as a lack of commitment.

Use recruitment strategically in a tight labour market

Recruitment remains important, but recruitment-only strategies struggle when suitable candidates are scarce and other employers are hiring for similar roles. A vacancy advert cannot cover tomorrow’s shift. Nor will a steady flow of applications necessarily produce a candidate with the right experience, availability and qualifications.

Keep the job advert specific. State the role, hours, location, essential requirements, support available and the actual development opportunities. Replace vague promises such as “excellent career progression” with concrete details: what training is available, who supports it and when a new starter can expect to review progress.

At the same time, consider several routes to cover rather than waiting for one ideal candidate. Depending on local arrangements and regulatory requirements, these may include improving hours for existing part-time staff by agreement, using suitable temporary cover, redistributing non-clinical tasks or reviewing opening and service patterns. Each option has limits; check competencies, supervision, cost and continuity of care before changing who does what.



Set a recruitment review date. For example, check applications and interview progress weekly, and decide in advance when you will widen the search or revise the role. This keeps the vacancy moving without letting a prolonged recruitment process become the only workforce plan.

Build a staffing pipeline through apprenticeships

An apprenticeship can help a pharmacy develop skills and recruit for the future, but it is a planned investment—not a quick fix for an uncovered shift. An apprentice needs protected learning time, appropriate supervision and tasks matched to their competence. They should not be counted as fully productive cover before they are trained and authorised to perform the relevant work.

Start by identifying the role and skills the pharmacy needs, then consider what training route fits. Tend's pharmacy apprenticeship training category page is a useful starting point for exploring pharmacy-related training options: [tendtraining.co.uk pharmacy apprenticeship training](https://tendtraining.co.uk/pharmacy-apprenticeship-training). Confirm current programme details, eligibility, funding arrangements, delivery and employer responsibilities directly with the provider before committing.

Make the apprenticeship workable week to week

Before recruiting an apprentice, answer practical questions that often determine whether the plan succeeds:

- Who will supervise the apprentice on each shift, and what happens when that person is absent?
- When will learning and off-the-job training take place without being routinely displaced by daily demand?
- What tasks can the apprentice undertake at each stage of training?
- How will progress be reviewed with the apprentice and training provider?
- How will the rota protect the learning plan while maintaining appropriate service cover?

Agree a regular check-in—weekly at first can help resolve practical issues early—and record training time, progress and support needs. The exact requirements depend on the programme and current rules, so verify them with the training provider. If supervision regularly disappears when the pharmacy gets busy, the apprenticeship needs a revised plan; the apprentice should not carry the cost of a capacity problem.

Done well, apprenticeships create a route from learning to greater responsibility over time. That can support future recruitment and retention, but it will not immediately replace an experienced team member. Budget for supervision and plan for the period before the apprentice can take on more complex work.

A 30-day plan to steady the team

You do not need a complete workforce redesign to take a first step. Use the next month to find the pressure points and test changes.

1. **Week 1: Listen and measure.** Track shift coverage, breaks, overtime and the work that carries forward. Ask staff where the rota breaks down.
2. **Week 2: Make one rota change.** Adjust coverage around a known demand peak, stagger breaks or protect consultation cover. Tell staff what you are testing.
3. **Week 3: Review work allocation.** Identify repeat interruptions or rework, and trial one practical change with the people doing the task.
4. **Week 4: Check the result.** Compare the same measures with the baseline period. Keep, amend or stop the change based on what happened, not what you hoped would happen.

Alongside the trial, set a recruitment milestone and explore whether an apprenticeship fits your longer-term needs. Do not claim success from a single quieter week. Look for a sustained improvement over comparable shifts, and check that reducing pressure in one area has not simply moved it to another.

Conclusion: protect capacity while you rebuild it

Recruitment gaps are difficult, but the response need not be to ask the core team to absorb more indefinitely. Measure where the pressure lands, build rota planning around real demand and skills, protect breaks and make deliberate decisions about what work can safely wait. Those steps can reduce workload strain now, while clear communication and fair working practices support retention.

Recruitment and apprenticeships can help rebuild capacity, but both need a realistic timeline. An apprentice needs training and supervision; a new hire needs a proper introduction; and neither replaces a sound plan for the next shift. Protect the people already doing the work as you build the team you will need next.