

When a community pharmacy needs more pharmacist capacity, the choice can feel simple: recruit someone experienced or train someone already on the team. In practice, neither option fixes every rota problem on its own.

Pharmacy First has added clinical work in England, while community pharmacies continue to report difficulty recruiting and retaining staff. That makes the decision more pressing—and more costly to get wrong. An experienced hire may bring immediate capability, but only if you can find and retain the right person. Internal development takes time, but it can build skills around your service model and give a valued colleague a reason to stay.

The strongest workforce strategy usually combines both routes. The balance depends on the work you need covered, the capability you already have, the time available and whether you can support training properly. This guide sets out how to make that choice without treating apprentices as cheap labour or assuming that a recruitment advert [what is Level 2 pharmacy assistant](#) will solve a long-term staffing gap.

Start with the work, not the job title

Before you decide between an experienced hire and internal development, list the work that needs doing. “We need another pharmacist” may describe the symptom, not the underlying need. Is the pressure at the dispensary counter, in clinical consultations, in accuracy checking, or in leadership and supervision?

Pharmacy First launched in England in January 2024. It enables community pharmacies to provide advice and treatment for eligible patients across seven clinical pathways. That can create more clinical activity alongside the day-to-day work of dispensing and providing other services. The effect on an individual pharmacy will depend on patient demand, service uptake, staffing and local arrangements. Don’t assume that the national launch date tells you exactly how many hours your branch needs.

Map the pressure by time and task. For two or three typical weeks, record when the workload peaks, which activities get delayed, and which tasks require a pharmacist’s professional judgement. Include planned leave, sickness and training time. This helps distinguish a short-term vacancy from a recurring capacity problem.

Questions to answer before you recruit or train

- Which tasks need a pharmacist, and which could appropriately be delegated to another trained team member?
- When does demand exceed the team’s capacity: certain days, service sessions, or the whole week?
- What work is being postponed or interrupted when the pharmacy gets busy?
- Do you need someone who can contribute immediately, or can the team support a gradual increase in capability?
- Can you provide protected learning and supervision without leaving the rota unsafe?

These questions also keep your plan within professional and service requirements. Training does not remove the need to work within each person’s competence, registration status, supervision arrangements and the relevant pharmacy procedures.

Why recruitment alone can fail in a tight labour market

An experienced hire is attractive because they may be able to take on established responsibilities sooner than someone who needs training. But “hire an experienced pharmacist” is not, by itself, a workforce strategy. You need

a realistic pay range, a clear role, a workable rota and a recruitment process that can compete for a limited number of candidates.

Community pharmacy employers have reported persistent recruitment and retention pressures. The precise picture varies by location and by how a vacancy, headcount or full-time equivalent is counted. A vacancy that looks manageable in a company-wide total may leave one branch unable to cover a particular shift. Check your own data rather than relying on a national headline: measure vacancy days, agency or locum use, unfilled shifts and turnover across a defined period.

Recruitment-only plans also leave you exposed when a candidate declines, takes longer to join than expected or leaves after a short period. Repeatedly advertising the same vacancy without reviewing the role can waste time and unsettle the existing team. That team often absorbs the work in the meantime, with consequences for breaks, service capacity and morale.

That doesn't make an experienced hire the wrong choice. It means you should assess the full cost and timing, not just the salary or start date. Include recruitment time, onboarding, any locum cover, and the effect of a delayed appointment. A good hire can strengthen the team quickly, mentor colleagues and help establish a service. A rushed hire into an unclear role can simply move the pressure around.

When an experienced hire is the better option

Recruiting an experienced pharmacist is often the right move when the pharmacy has an immediate clinical or operational gap that the existing team cannot safely cover. It can also make sense when you need specific experience—for example, to lead a new service, support several sites, or provide supervision and coaching to a developing team.

Before you open the vacancy, write down what the person must be able to do on day one, what you can teach after they join, and what success should look like after three and six months. This makes the advert more honest and helps candidates decide whether the role fits them.

Make the role credible

- Set out the actual hours, location, rota pattern and any weekend or late-shift expectations.
- Describe the services and responsibilities the pharmacist will cover, including any clinical workload.
- Explain what administrative, technician and support capacity sits around the role.
- State the salary range and the training or development available.
- Agree an onboarding plan, including introductions, systems access and time to understand local procedures.

"Career progression" is not a plan unless you can explain what progression means, what skills the person will gain and when you will review it. Specific commitments make a role easier to assess—and easier to trust.

What internal development can—and cannot—do

Internal development means deliberately building capability within your existing team. Depending on the person's role, eligibility and the training available, it might include an apprenticeship, a recognised qualification, supervised workplace learning or a structured development plan. It can help you grow skills that match your pharmacy's needs and give a colleague a route to greater responsibility.



But internal development is not a quick substitute for a pharmacist vacancy. A learner needs time to study, practise and demonstrate competence. An apprentice must receive the training and support set out for their programme; they are not a low-cost way to cover work that requires a qualified professional. If the pharmacy cannot protect learning time or provide the right supervision, starting a programme may add pressure rather than reduce it.

Look at the whole team, not only people with “pharmacy” in their job title. Ask who is interested in progressing, what they already do well, and what skills the business will need over the next few years. Then have a practical conversation about time, expectations and support. Internal development works best when the learner understands the commitment and the manager can deliver it.

Apprenticeships can build a staffing pipeline—if you make it practical

An apprenticeship can be one part of a longer-term staffing pipeline: a visible route from a current role into new skills and responsibilities. The pipeline is not created by enrolling someone and hoping for the best. It depends on regular learning time, workplace practice, feedback and a manager who can connect training to real tasks.

For an operational test, ask whether you can name the person responsible for each of those elements. Who checks that learning time happens during busy weeks? Who gives feedback on workplace tasks? Who notices when the learner needs extra support? If the answer is “the team will sort it out”, the plan needs more detail.

Employers comparing training options can review the pharmacy apprenticeship training category at Tend Training. Use the category page as a starting point for exploring relevant programmes, then confirm current course availability, eligibility, delivery arrangements, employer responsibilities and funding with the provider. Programme details can change, so check them before committing.



Plan an apprenticeship around the rota

1. **Identify a real role or progression route.** Be clear about the skills the learner is expected to build and how those skills fit the pharmacy's future needs.
2. **Check capacity before enrolling.** Allow for study, workplace learning and supervision, and identify how the rota will cover that time.
3. **Agree who supports the learner.** Name a manager or workplace contact, and understand what the training provider will do.
4. **Schedule regular reviews.** Use short, planned check-ins to discuss progress, workload and any barriers to learning.
5. **Measure outcomes.** Track milestones, completion, retention and changes in the work the learner can do safely and competently.

Those steps turn “we should develop our people” into a process the pharmacy can manage. They also make it easier to spot when an apprenticeship is not the right answer—for example, when an urgent gap needs an experienced hire now, but there is no spare capacity to train anyone.

Compare the options against the same criteria

A simple comparison helps the owner or manager discuss trade-offs with the team. Adjust it to your circumstances: there is no universal answer, and timelines depend on the role, candidate or learner, and local service requirements.

Decision factor	Experienced hire	Internal development or apprenticeship	Time to fill the immediate gap	Potentially faster once a suitable candidate accepts and joins; recruitment may take longer in a tight market. Usually a longer-term option; it does not replace qualified pharmacist cover while the learner is developing. Skills available at the start
Can bring existing experience that matches the role, subject to appropriate induction and local procedures.				
Builds skills over time; tasks must stay within the learner's competence and authorised scope. Impact on the existing rota	Requires onboarding and integration; may ease pressure after joining. Requires protected learning and workplace support, which need to be built into staffing plans. Longer-term workforce value			
May add specialist capability, mentoring or leadership experience. Can create a progression route and develop capability suited to the				

organisation's needs. Main risk to manage Vacancy delay, candidate competition, retention and mismatch between advert and real role. Insufficient support, lost learning time, unclear progression or expecting the learner to plug an immediate staffing gap.

A combined workforce strategy is often more resilient

In many pharmacies, the practical answer is not "hire or train" but "what must we cover now, and what do we want to be able to cover next year?" An experienced hire can address an immediate need while internal development builds capability for the future. That only works if the pharmacy can afford and organise both routes.

For example, a pharmacy might recruit to cover a current pharmacist vacancy, while identifying an existing team member who wants to pursue a relevant apprenticeship. The recruit's role should not quietly become "cover everything while training everyone". The learner should not be expected to compensate for a vacancy. Set out separate responsibilities, supervision and rota cover from the beginning.

Make the workforce strategy measurable. Review vacancy days, unfilled shifts, use of temporary cover, staff turnover and training milestones at set intervals—monthly for rota measures, for example, and at agreed programme reviews for learning. Use a defined period and a clear denominator: compare the number of unfilled shifts with total planned shifts, not just a raw count. That lets you see whether the plan changes the pressure, rather than relying on impressions.

A decision checklist for pharmacy owners

- **Define the gap:** name the tasks, shifts and skills you cannot currently cover.
- **Set the timeframe:** distinguish urgent cover from capability you need to build over the next 12–24 months.
- **Check the market:** review recent recruitment outcomes, including time to hire and reasons candidates declined.
- **Check internal interest:** ask colleagues about their goals without promising a role or outcome you cannot deliver.
- **Test capacity:** include protected learning, supervision, induction and absence cover in the rota plan.
- **Compare total costs and risks:** account for recruitment, temporary cover, training time and retention—not just the headline salary or course cost.
- **Set review dates:** decide when you will assess whether the approach is working and what would trigger a change.

Choose for today's cover and tomorrow's capability

An experienced hire is usually the stronger option when you need qualified capacity or specific expertise quickly and can offer a credible role. Internal development is more suitable when you have a willing learner, a relevant route, and enough support to protect learning alongside safe service delivery. An apprenticeship can contribute to a staffing pipeline, but it needs a manager, time on the rota and a clear progression purpose.

Community pharmacy's workforce pressures make it risky to rely on a single lever. Review your actual workload, including the effect of Pharmacy First, and make decisions against your local demand rather than a generic staffing assumption. Then combine recruitment and internal development in a way that covers the shifts you have now without giving up on the skills you will need next.