

The headline figures are stark: the NHS England workforce survey reported **25,822 pharmacists** working in community pharmacy in 2025, equivalent to **17,415 full-time equivalents (FTE)**. The difference between those numbers matters. Headcount counts people; FTE reflects their contracted hours converted into full-time posts. Neither figure, on its own, tells an owner how many pharmacists are available on a particular day, but together they show the scale of the workforce community pharmacy relies on.

The survey also points to a difficult operating context. Community pharmacies are being asked to deliver more clinical services, including Pharmacy First, while the pharmacist workforce is falling. That makes a strategy based only on advertising vacancies a weak answer. In a tight labour market, employers need to retain the people they have and build routes into the workforce over time. Apprenticeships can be part of that plan, provided employers understand the roles, supervision and time involved.

Think about it: this article explains what the survey thebusinessdesk.com figures mean, how they relate to workload, and what community pharmacy employers can do with the findings.

What the 2025 figures tell us—and what they do not

The two key measures are **25,822 pharmacists** and **17,415 FTE**. The first is a count of people; the second adjusts for working hours. A pharmacist working part time contributes to headcount, but contributes less than one FTE. The figures therefore should not be read as 25,822 full-time posts.

Measure	2025 figure	What it means
Pharmacist headcount	25,822	The number of pharmacists counted in the survey
Pharmacist FTE	17,415	The workforce expressed as full-time-equivalent posts

The gap between the two measures is not a simple measure of “missing” staff. It reflects working patterns and the way FTE is calculated. Nor do these totals show how staff are distributed between regions, employers, opening hours or roles. A national total can look substantial while an individual pharmacy struggles to cover a late shift, a weekend or a colleague’s absence.

When comparing the 2025 results with earlier figures, check that the survey years, definitions and coverage match. A change in the number of respondents or in how a role is classified can affect a comparison. For a workforce plan, the local picture—vacancies, hours, turnover, sickness absence and service demand—matters alongside the national data.

Why falling workforce numbers matter

The survey’s workforce picture reinforces a concern community pharmacy teams have been managing for some time: pharmacist numbers are falling while the service expectations placed on pharmacies continue to grow. Even where a pharmacy has a stable headcount, it may not have enough available hours to cover its rota reliably. Part-time patterns, vacancies, leave and unplanned absence all affect the number of staffed hours a business can actually deploy.

This is not just a recruitment problem. It is an operational risk. If one pharmacist covers several essential tasks, a vacancy or absence can disrupt dispensing, patient consultations and the delivery of services. Owners may respond by covering shifts themselves, reducing opening hours or asking the remaining team to absorb more work. Those fixes can help for a day or a week, but repeated reliance on them can increase pressure and make retention harder.

The useful question is not simply, “How many pharmacists are there?” It is also:

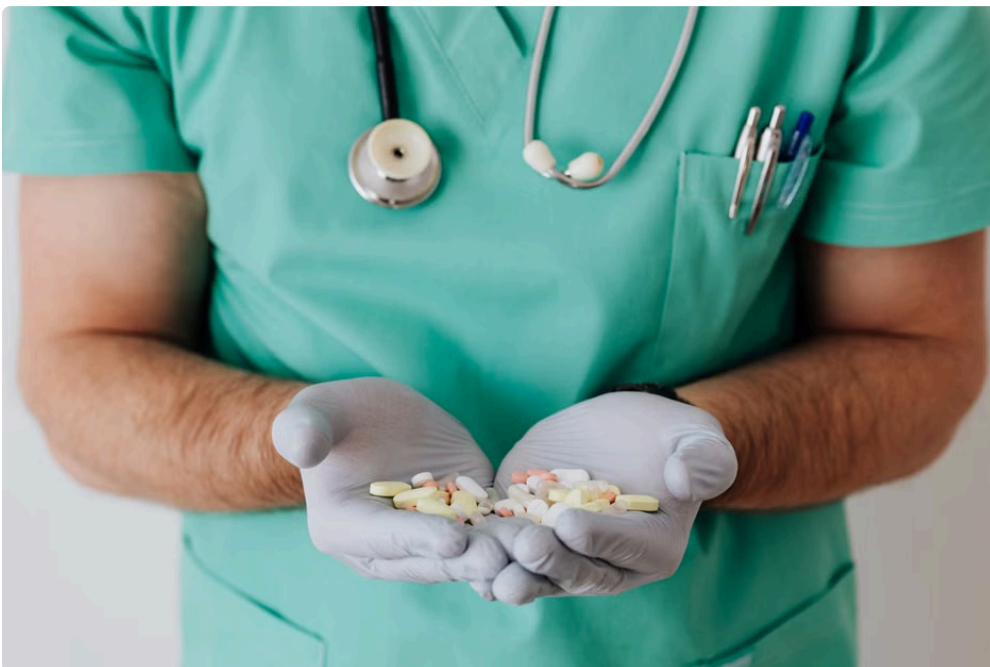
- How many pharmacist hours does the business need each week to deliver its current workload safely?
- How often does the rota depend on overtime, locum cover or the owner stepping in?
- Which activities require a pharmacist, and which can trained team members support within their competence and local procedures?
- What happens to service delivery when a vacancy remains open for several months?

Pharmacy First adds to workload in primary care

Pharmacy First has expanded the role of community pharmacy in primary care. It gives eligible patients access to advice and treatment through a community pharmacy for specified conditions, with referral pathways and clinical protocols guiding the service. That can improve access for patients and support the wider health system—but it also takes time, staff capacity and coordination to deliver well.

A consultation is not only the face-to-face conversation. Teams need to manage enquiries, check eligibility, make clinical decisions, document the interaction, arrange onward referral where appropriate and handle follow-up or related queries. Workload also fluctuates. Demand may bunch around certain times of day, and a consultation may arrive while the team is already managing prescriptions, medicines queries and other services.

That does not mean every Pharmacy First consultation requires a pharmacist to do every task. It does mean employers need a clear, safe division of work. Trained colleagues can help with suitable administrative and patient-support tasks, while the pharmacist carries out the clinical activities that require their professional judgement. The boundaries should be explicit, supported by training, standard operating procedures and appropriate supervision.



For owners, the practical test is whether the rota reflects the service actually being delivered. If the pharmacy has added consultations but has not reviewed appointment capacity, cover or task allocation, the service can intensify pressure on an already stretched team. Workforce planning needs to consider both the number of people employed and the hours and skills available during the periods when patients need care.

Why recruitment alone is not a workforce strategy

When pharmacist numbers are under pressure, the first instinct is often to advertise another vacancy. Recruitment matters, but it cannot solve a tight labour market by itself. Exactly.. If several employers are competing for a

limited pool of candidates, a job advert may produce few applicants, take months to fill or lead to a hire who leaves quickly.

Recruitment-only strategies also miss the cost of churn. Each departure can mean more management time, repeated onboarding and extra pressure on colleagues covering the gap. A successful appointment helps, but it does not automatically address the reasons people leave or build capacity for the next vacancy.

A more reliable plan combines recruitment with retention and development. That starts with the rota and the job itself: realistic workload, predictable hours where possible, proper induction, access to support and a clear account of what the role involves. "Career progression" is not a plan unless staff can see the steps, the training and the time required to take them.

Practical actions for employers

- **Track cover, not just vacancies.** Record unfilled shifts, overtime, locum hours and owner cover so the pressure is visible.
- **Review the workload by time of day.** Compare service demand with the staffing pattern rather than relying on a weekly headcount.
- **Improve retention basics.** Give new starters a structured induction, regular check-ins and a clear route to raise workload or safety concerns.
- **Build skills across the team.** Train colleagues for suitable responsibilities, with clear role boundaries and supervision.
- **Plan for absence and turnover.** Identify which tasks stop when a key person is away and agree safe cover arrangements in advance.

Apprenticeships can create a staffing pipeline

Apprenticeships offer a way to develop people into pharmacy roles while they work and learn. They are not a quick substitute for an experienced pharmacist, and they should never be treated as cheap labour. Last month, I was working with a client who learned this lesson the hard way.. An apprentice needs a suitable role, time to learn, supervision and support to develop the knowledge and competence required for their programme.

Used well, apprenticeships can help employers grow capability from within and widen access to pharmacy careers. A trained team member may build skills and take on appropriate responsibilities over time, helping the business create a more resilient workforce. The benefit is not an instant extra pair of hands; it is a planned development route that can contribute to staffing capacity as the apprentice progresses.

For an apprenticeship to work in a busy pharmacy, the employer needs to make the day-to-day arrangements real. That means choosing a programme that fits the role, identifying who will support the apprentice, protecting time for learning and checking progress against the requirements of the training. It also means being clear about what the apprentice can and cannot do at each stage. An apprentice should not be left to fill a vacancy or carry responsibilities beyond their competence.



What a workable apprenticeship plan includes

1. **A defined workforce need.** Identify the role or skills gap the apprenticeship is intended to address, rather than enrolling someone without a clear plan.
2. **A suitable programme.** Match the training to the job and the apprentice's starting point.
3. **Named support.** Agree who will supervise, coach and review progress, including cover when that person is unavailable.
4. **Protected learning time.** Plan for training alongside service delivery instead of assuming the apprentice can learn entirely between customer requests.
5. **Clear milestones.** Review attendance, progress, confidence and the skills the apprentice can demonstrate, and respond early if support is needed.

Employers looking at pharmacy apprenticeship options can review the [Tend Training pharmacy apprenticeship training category page](#) to explore relevant programmes. Before committing, check the programme's current details, eligibility, delivery arrangements and funding rules directly with the provider. Those details can change, so confirm them for the intended start date and for the learner's circumstances.

Turn the survey into a local workforce plan

The NHS England workforce survey gives community pharmacy a useful national reference point: **25,822 pharmacists, or 17,415 FTE, in 2025**. The figures help describe the workforce, but they do not tell an individual employer exactly how to staff a branch. That requires a local view of hours, workload, service demand and the skills available on each shift.

For a practical starting point, set aside time each month to review the rota alongside service activity. Look for patterns: recurring gaps, dependence on overtime, consultations that cluster at certain times, and duties that could be supported by trained colleagues. Then decide which issue needs action first—recruitment, retention, role redesign, training or apprenticeship development.

Pharmacy First has increased the work community pharmacy can do for patients, but additional services need staffing plans that match the work. Falling workforce numbers make that more urgent. Recruitment remains part of the answer; it is not the whole answer. Employers who retain experienced staff, develop their teams and build apprenticeship routes with proper support are better placed to strengthen capacity over time.

That is the main lesson from the 2025 workforce picture: count the people, measure the hours, and plan for the work the pharmacy is actually delivering.