

A vacancy-led approach is simple: a member of staff leaves, the rota develops a gap, and the pharmacy starts recruiting to fill it. The immediate goal is to get someone into the role before the gap causes more disruption.

That response can be necessary. Pharmacies cannot leave shifts uncovered while they build a long-term workforce plan. But when vacancy-led recruitment becomes the whole workforce strategy, it keeps teams in catch-up mode. In a tight labour market, that means competing for the same limited pool of people, carrying vacancies for longer, and putting more pressure on the staff who remain.

Community pharmacy needs to meet day-to-day dispensing needs while taking on more clinical work. In England, the Pharmacy First service launched in January 2024, giving community pharmacies a greater role in treating eligible patients for specified conditions. That creates opportunities for patients and the profession, but it also requires trained people, time and workable rotas.

The alternative is not to stop recruiting. It is to combine recruitment with a deliberate plan to develop people already in the team and bring new people into the workforce. Apprenticeships can be part of that plan—provided employers treat them as structured training, not a quick fix for a staffing gap.

## What does “vacancy-led” mean?

A vacancy-led approach starts when a role becomes empty. The [thebusinessdesk.com](https://thebusinessdesk.com) employer then writes an advert, contacts recruiters or posts the job online, and waits for suitable candidates. If the search takes longer than expected, the team covers the gap through overtime, shift changes, locum support or reduced capacity elsewhere.

In practice, it often looks like this:

1. A team member resigns, reduces their hours or goes on extended leave.
2. The manager tries to keep the existing rota running.
3. Recruitment begins, often after the gap has already affected the team.
4. The vacancy remains open while the employer searches for someone with the right skills and availability.
5. Once the new starter arrives, colleagues still need to support their induction and training.

This is reactive hiring: responding to an immediate staffing problem rather than preparing for likely workforce needs. Reactive hiring is not a sign that a pharmacy manager has failed. Turnover, sickness and unexpected changes happen. The problem arises when the business has no other way to respond.

## Why is vacancy-led recruitment struggling in community pharmacy?

### 1. The work is growing more complex

Pharmacy First is one visible example of how the role of community pharmacy is changing. The service allows pharmacies in England to assess and, where appropriate, supply treatment for certain common conditions. It can help patients access care, but delivering it takes more than an available consultation room. The pharmacy needs appropriately trained staff, time to complete consultations and a rota that protects other essential work.



More clinical services do not automatically translate into a bigger team. If a pharmacy adds responsibilities without making enough time and people available, existing staff may end up carrying extra work alongside dispensing, stock management, patient queries and the daily interruptions that rarely appear in a job description.

That is why workforce planning needs to ask more than, “How many vacancies do we have?” It also needs to ask, “What work are we asking this team to do, and which skills and hours does that work require?”

## **2. Recruitment pressure is not solved by writing another advert**

When several employers need similar skills at the same time, a job advert alone cannot create more qualified candidates. A pharmacy may improve its offer, use an agency or widen its search, but it is still competing for people who can work in the right location, at the right hours, with the right experience.

Community pharmacies also face practical hiring constraints. A role may need weekend availability, dependable travel to a particular site or experience with busy dispensary workflows. A candidate who looks suitable on paper may not be able to meet the rota requirement. A good candidate may accept another offer before the recruitment process finishes.

Recruitment pressure rises further when a team has to cover the gap during the search. Managers spend time screening and interviewing while also managing service delivery. Existing staff take on extra shifts or duties. That can make the pharmacy less attractive as a workplace, increasing the risk of further turnover.

## **3. The vacancy can hide a deeper rota problem**

Sometimes a vacancy is the visible symptom, not the cause, of the problem. A role may be hard to fill because its hours do not match local availability, the workload has changed, or the pharmacy has no clear way to support a new starter. In other cases, the team needs a different mix of skills rather than a like-for-like replacement.

Before reopening the same advert, managers should check what actually breaks the rota:

- Which days and hours are hardest to cover?
- Are absence and leave covered without relying on the same people every time?
- Do service commitments match the staffing available on each shift?
- Does the role require every listed skill on day one, or can some skills be developed?

- Are new starters given time and supervision to become competent?

These questions do not make a vacancy disappear. They help the employer recruit for a real, defined job rather than repeating an advert for a role that may not fit how the pharmacy now operates.

#### **4. Workforce pressure affects more than headcount**

It is common to hear that workforce numbers are falling in community pharmacy. That concern needs careful handling: headcount, full-time equivalent staffing, vacancies, hours worked and workforce availability are different measures. Figures can also vary by nation, time period and data source. A claim about falling numbers should name its source, geography, measure and comparison dates.

Even where a local employer cannot demonstrate a fall in headcount, the operational pressure can still be real. A pharmacy may have the same number of employees but fewer available hours, more absences, higher demand or a growing share of work that requires specific training. A vacancy count alone does not show whether a team has enough capacity to deliver its services safely and sustainably.

What to measure What it helps you understand Vacancies and time to fill How long roles remain open and where recruitment is stalling. Hours available by role and shift Whether the rota has enough cover at the times work needs doing. Overtime and temporary cover How much the team relies on short-term fixes to maintain service. Training and competency progress Whether people are building skills needed for current and planned work. Retention and reasons for leaving Whether the employer is repeatedly losing people for preventable reasons.

### **Why recruitment-only strategies fail in tight labour markets**

Recruitment-only strategies assume that whenever the pharmacy needs a worker, it can find one externally, quickly and at a workable cost. That assumption becomes fragile when employers are competing for a limited local supply of candidates.

Recruiting from elsewhere can be the right answer for specialist experience or urgent cover. But it cannot be the only answer when the same vacancies recur. Every hire takes time to attract, assess, onboard and support. If the role is difficult to fill, the team may spend a substantial period carrying the shortfall before a new colleague can contribute independently.

There is also a risk of treating recruitment as a one-off transaction. A signed contract does not instantly create capacity. New starters need a clear induction, supervision, feedback and a realistic route to competence. If they enter an overstretched team with no protected learning time, they may struggle to settle or leave before the employer sees the benefit of the hire.

The central weakness of a vacancy-led model is therefore not that it hires people. It is that it waits for a vacancy before investing in the supply of future staff, the skills of current staff or the conditions that help people stay.

### **How apprenticeships can create a staffing pipeline**

An apprenticeship is a paid job with structured training. It can help an employer develop skills over time while the apprentice works in a real pharmacy setting. It is not instant cover, and it should not be presented as cheap labour. The apprentice needs appropriate supervision, learning time and tasks that support their development.

Used well, apprenticeships create a more planned route into pharmacy roles. Instead of waiting for an experienced candidate to become available, an employer can recruit for potential, agree the training route and build capability against the needs of the team.

For that to work week to week, the employer needs a practical plan. For example:

- Identify the role or skills the pharmacy expects to need, rather than starting only when someone leaves.
- Check that the planned duties fit the apprenticeship and the apprentice's stage of learning.
- Choose a workplace mentor or supervisor and agree when support will happen.
- Protect time for training and review progress regularly alongside service needs.
- Plan how the apprentice will take on responsibility gradually, within their competence and the required supervision arrangements.
- Review retention and progression so the employer can see whether the route is building useful capability over time.

An apprenticeship will not suit every vacancy. A pharmacy that needs an experienced person next week still needs an immediate recruitment and cover plan. But an apprenticeship can reduce dependence on repeatedly searching for fully trained candidates for every future role.

## **What should pharmacy employers do instead?**

### **Move from a vacancy list to a workforce plan**

Start with the work the pharmacy expects to deliver over the next six to twelve months. Include dispensing, existing services, planned service changes, leave, training time and the likely impact of turnover. Then compare that work with the hours and skills currently available.



The forecast will not be perfect. Its value is that it makes assumptions visible early enough to discuss options. If Pharmacy First activity is increasing, for example, the team can consider who needs training, what hours are required and what work needs cover during consultations.

### **Separate urgent cover from long-term development**

For an immediate gap, make a short-term plan: redistribute work safely, seek temporary cover where appropriate, adjust activity if necessary and communicate clearly with staff and patients. In parallel, decide whether the longer-

term response should be a like-for-like hire, a change to the role, development of an existing team member or an apprenticeship.

## **Make the job realistic and retain the people already there**

Review the actual rota before advertising. Be clear about hours, duties, training and support. Avoid promising “career progression” unless you can explain what the next step is, what skills it requires and how the person can work towards them.

Retention also deserves attention before another resignation makes it urgent. Ask staff what gets in the way of doing the job well. Repeated late finishes, unpredictable shifts, unclear responsibilities and lack of support can all affect whether people stay. Fixing every pressure may not be possible, but managers should know which ones they can change.

## **Where to find pharmacy apprenticeship information**

Employers exploring training options can review the pharmacy apprenticeship training category at [tendtraining.co.uk](https://tendtraining.co.uk). Use the provider information to start a discussion about suitable programmes, eligibility, delivery and support. Confirm current details directly with the provider and check that the proposed training route fits the role, the learner and the pharmacy’s supervision capacity.

Before committing, ask practical questions: What will the apprentice learn? What workplace support is expected? How will progress be reviewed? What time must the employer protect for learning? What happens if the rota becomes busy? Specific answers matter more than a general promise to support development.

## **Conclusion: do not wait for the next resignation to plan**

A vacancy-led approach can fill an urgent gap, but it is a weak long-term workforce strategy for community pharmacy. Pharmacy First has added clinical work in England, while pharmacies continue to manage staffing, rota and recruitment pressure. Hiring from outside remains important, but recruitment-only strategies cannot guarantee a steady supply of people with the right skills and availability.

A stronger approach combines immediate cover with forward planning, realistic job design, staff retention and structured development. Apprenticeships can contribute to that approach when employers give learners proper training, supervision and time to progress. The useful question is not simply, “How do we fill this vacancy?” It is, “How do we make sure the pharmacy has the people and skills to deliver its work next month—and next year?”