

Pharmacy First changes what a community pharmacy team needs to do during an ordinary shift. In England, the service launched in January 2024 and enables pharmacists to assess and manage eligible patients for seven common conditions, subject to the service requirements. It can give patients another route to care and help relieve pressure elsewhere in primary care. But it also brings consultations, records, follow-up and workflow decisions into the pharmacy.

That creates a practical workforce question: how do you make sure the right people can support the service, without pulling the whole team away from dispensing or expecting staff to learn everything at once?

The answer is a **service aligned training** plan: one built around the work the pharmacy actually provides, the tasks each role can safely perform and the competencies staff need to demonstrate. Apprenticeships can form part of that plan by developing skills in the workplace over time. They are not a quick fix for an empty rota, and they should never be treated as a substitute for safe staffing. Used well, though, they can help build a more dependable staffing pipeline.

## Start with the service, not the course catalogue

Training plans often start with a list of available courses. A more useful starting point is a week in the pharmacy. What services do you provide? When [Visit this website](#) do they peak? Who handles each step? Where do delays, handovers or missed opportunities occur?

Pharmacy First is a good example because the service touches more than the consultation itself. A patient journey may involve recognising a referral, checking eligibility, arranging a private consultation, gathering information, documenting the outcome and making a suitable onward referral when needed. The pharmacist has clinical responsibilities, but other team members may help the process run smoothly within their role and competence.

Map the work before you choose training. For each service, write down:

- Which team roles are involved, and what each role is responsible for.
- What the patient experiences from first contact to the end of the consultation.
- Which tasks require a pharmacist or another appropriately qualified professional.
- Where the team needs stronger knowledge, communication or administrative skills.
- What the pharmacy must record, check or follow up under the applicable service requirements.

This is not about asking every member of staff to do every task. It is about making responsibilities clear, so that the pharmacist can focus on clinical work and the rest of the team can support a safe, organised service within their scope.

## Translate patient demand into workplace competencies

A training plan becomes practical when it describes observable actions rather than broad aspirations. "Improve service confidence" is hard to assess. "Can identify a relevant referral, collect the required initial information and pass it to the pharmacist using the agreed process" is easier to coach and check.

Think of competency in three layers: knowledge, practice and evidence. A team member needs to understand the process, carry out their part of it in the workplace and show that they can do so consistently. Training should match the role and the person's existing experience. It should also respect boundaries: an apprentice or support colleague must not be asked to make clinical decisions reserved for an appropriately qualified professional.

Service activity Possible support-team competency How to develop and check it Receiving a patient or referral Recognise the agreed route into the service and gather initial details accurately. Demonstration, supervised practice and a checklist reviewed by a supervisor. Preparing for a consultation Arrange the consultation space, protect privacy and make relevant information available. Observe a real shift, practise the set-up and review privacy procedures. Supporting the patient journey Explain the next step clearly and direct clinical questions to the pharmacist. Role-play common scenarios, then discuss observed interactions. Recording and follow-up Complete only the administrative tasks assigned to the role and flag missing information. Supervised record checks against the pharmacy's current process. Managing a busy queue Use the agreed escalation route when demand exceeds available capacity. Run short scenario exercises and review what happened after busy periods.

The table is a starting point, not a universal job description. Check current service specifications, employer policies, training requirements and professional guidance before assigning duties. Scope depends on the role, qualifications, competence and local procedures.

## **Include patient consultations in the training plan—even when staff do not lead them**

Not every team member will conduct patient consultations. But more of the team may need to understand how consultations affect the flow of work. A consultation can take the pharmacist away from the dispensary, require privacy and generate tasks that need recording or follow-up. If the rest of the team does not know what happens next, the service can create avoidable interruptions.

Teach staff to support the process without stepping outside their role. For example, they may need to know how to direct a patient to the right person, explain that a pharmacist will speak with them, or alert the pharmacist when a patient's situation appears urgent. They also need a clear instruction on what not to do: do not offer clinical advice beyond their competence or imply that a patient is eligible before the pharmacist has assessed them.

Use short, realistic practice. Ask staff to rehearse a busy counter interaction, a patient who has been referred, and a patient who needs an urgent response. Then talk through what they noticed, what they said and when they escalated. This develops useful habits without pretending a role-play replaces formal clinical training.

## **Why recruitment alone often fails**

Community pharmacy employers have to recruit in a labour market where suitably experienced people can be difficult to find. Workforce pressure is not identical in every region or business, and vacancies can change from month to month. It is still risky to build a service plan on the assumption that the next advert will quickly produce a fully trained candidate.

Recruitment brings people into the business; it does not automatically give them the local knowledge, service routines or team relationships they need to contribute safely. New starters need induction, supervision and time to learn how the pharmacy works. If that time does not appear on the rota, training gets postponed, experienced staff absorb more interruptions, and the new employee may struggle to become effective.

Recruitment-only strategies can also miss the skills already developing in the team. A dispensing assistant, counter colleague or trainee may be ready for greater responsibility, provided they receive appropriate learning, support and assessment. That does not mean promoting someone into work they are not prepared for. It means looking at workforce development alongside external hiring.

Before recruiting, ask what the vacancy is actually meant to solve. Is the problem a shortage of pharmacist clinical capacity, poor cover at a specific time, gaps in administrative support, or a need for more people with a particular

qualification? Different problems require different responses. An apprentice cannot fill an immediate clinical vacancy, and a qualified recruit may not fix a process that keeps breaking during the lunchtime rush.

## Use apprenticeships to build a staffing pipeline—not to plug today’s gap

Apprenticeships can help a pharmacy develop skills in the setting where those skills are used. The learner combines structured training with workplace experience, building capability over time. That makes apprenticeships a potential part of a longer-term staffing plan, particularly when the employer can identify suitable duties, provide supervision and give the learner regular opportunities to practise.

They are not “cheap labour”. Apprentices need paid work, support and protected time for learning. A pharmacy also needs to plan for supervision and review. If the team cannot provide those essentials, enrolling a learner is unlikely to solve the problem and may add pressure to an already stretched rota.

When considering an apprenticeship, review the options available from a training provider and check that the programme fits the role you need to develop. Tend Training’s pharmacy apprenticeship training category page is one place to explore pharmacy-related apprenticeship provision: [tendtraining.co.uk](https://tendtraining.co.uk). Confirm the current programme details, eligibility, delivery arrangements and funding position directly with the provider before making a decision; course availability and requirements can change.

Build the business case around real work rather than a general promise of “career progression”. Define the role the learner is preparing for, the competencies they need, who will supervise them and how progress will be reviewed. Also consider how the role can support services such as Pharmacy First without assigning clinical tasks outside the learner’s competence.

## Build the plan week by week

A useful plan does not sit in a folder until appraisal season. It links learning to the rota and gives the learner repeated chances to practise. One simple approach is to divide development into stages:

1. **Weeks 1–2: map and orient.** Explain the service journey, team roles, privacy expectations and escalation routes. Observe how the pharmacy handles referrals and consultations.
2. **Weeks 3–4: practise support tasks.** Under supervision, practise suitable administrative and patient-flow tasks. Review accuracy and confidence at the end of each shift or week.
3. **Weeks 5–8: build consistency.** Repeat tasks across different shifts and demand levels. Check whether the learner can follow the agreed process when the pharmacy is busy, not just when it is quiet.
4. **Ongoing: review and adapt.** Discuss progress with the learner, supervisor and training provider as appropriate. Update the plan when the service, role or team changes.

These timings are an example, not a required apprenticeship schedule. Set realistic milestones with the training provider and base them on the programme, the learner’s starting point and the tasks involved. Competence is demonstrated, not assumed after a set number of weeks.

Keep the training manageable. A ten-minute check-in can identify a misunderstanding before it becomes a repeated error. A weekly review can focus on one or two competencies rather than asking the learner to master the whole service at once. Record what the person has practised, what feedback they received and what they will try next.

## Make space for training in a working rota

Training fails when it exists only on paper. A pharmacy may have an excellent competency framework, but if no one can supervise practice or cover the learner's usual duties, the plan will stall. Before committing, identify who will coach the learner and when. Include that time in rota discussions rather than assuming it will be found between prescriptions.

Think about the rota pressure points that commonly disrupt learning: unexpected absence, a delivery arriving during a consultation, a queue building at the counter, or the only supervisor being pulled into another task. Agree a backup supervisor where possible and make clear which learning tasks can pause safely when demand rises.

Protect patient care first. A learner should not be left to perform an unfamiliar task alone because the pharmacy is busy. If the team cannot supervise, pause the training activity and reschedule it. Record the delay so that missed learning time does not quietly disappear from the plan.

## Measure whether training is helping

Do not judge the plan only by how many people completed a course. Measure whether the team can support the service more reliably, while keeping the assessment proportionate and fair. Useful indicators might include:

- Whether staff can explain their responsibilities and escalation routes.
- Whether assigned process steps are completed accurately in observed practice.
- Whether the pharmacist experiences fewer avoidable interruptions during consultations.
- Whether the team can identify when capacity is insufficient and escalate appropriately.
- Whether learners receive the supervision and practice time set out in their plan.

Interpret results carefully. A change in consultation numbers may reflect demand, staffing or service access—not training alone. Compare like with like, state the time period and use a clear denominator. For example, "the proportion of observed support tasks completed correctly this month" says more than "accuracy improved". Do not use training measures to encourage staff to rush consultations or pressure patients into a service.

## A practical checklist for pharmacy owners and managers

- Map the patient journey for Pharmacy First and other services you provide.
- Separate clinical decisions from support tasks, and define role boundaries.
- Choose workplace competencies that staff can demonstrate and supervisors can observe.
- Identify where the current rota leaves no time for training or supervision.
- Consider recruitment and apprenticeships together, based on the specific skills gap.
- Check apprenticeship details, eligibility and delivery directly with the training provider.
- Review progress regularly and change the plan when service demand or team capacity changes.

## Build capability around the work patients actually need

Pharmacy First makes the connection between workforce planning and service delivery hard to ignore. A service needs more than a qualified person on the premises: it needs clear processes, staff who understand their part, and enough capacity to deliver work safely. When community pharmacy faces workforce pressure, relying on recruitment alone can leave owners waiting for skills that the market cannot supply quickly.



A service aligned training plan offers a more practical route. Start with patient consultations and the tasks around them. Define workplace competencies, protect supervision time and use apprenticeships as a planned way to develop future capability—not as a workaround for an immediate vacancy. That is how training can support a pharmacy service today while helping the team become more resilient for the next busy week.