

A workforce plan is working when it helps you keep the right services staffed, reduces avoidable gaps and builds people who can take on more responsibility—not simply when you have more applicants. To prove that, you need a small set of measures that connects staffing activity to what happens in the pharmacy.

That matters more as community pharmacies take on additional clinical work. In England, the Pharmacy First service launched in January 2024, adding new pathways for eligible patients alongside the existing workload. At the same time, community pharmacy teams face recruitment and retention pressures. If your plan relies on replacing people after they leave, it may struggle in a tight labour market. Apprenticeships can offer another route: recruit and develop people over time, while measuring whether they progress into useful, sustained roles.

This guide sets out what to track, how to define the numbers and how to use them without turning a workforce review into a spreadsheet exercise. Start with the measures you can act on, agree the denominator and review them on a consistent schedule.

Start with the workforce question, not the dashboard

Before choosing measures, write down the problem your plan is meant to solve. For example: “We need enough trained staff to cover our Pharmacy First opening hours without increasing overtime or leaving routine dispensing short-staffed.” That is more useful than “improve our workforce” because it connects staffing to a service and a timeframe.

Choose a baseline period—such as the previous 12 months—and record the starting point before introducing a change. Then agree a review period, such as monthly for rota and recruitment measures, and quarterly for retention and development outcomes. Compare like with like: a seasonal month should not be judged against a quieter one without context.



For every measure, define:



- **What you count:** for example, voluntary resignations or vacant contracted hours.
- **The denominator:** for example, average headcount or total budgeted hours.
- **The time period:** such as a rolling 12-month rate.
- **The owner:** the person who checks the data and agrees any action.

These definitions matter. “We lost three staff” means little without knowing whether the pharmacy employed 10 people or 100, whether those were full-time or part-time roles, and whether the departures happened in one difficult month or across several years.

Track the measures that show whether staffing is becoming more stable

1. Staff turnover rate

Your **staff turnover rate** shows how many employees leave over a defined period relative to the workforce size. One common calculation is:

Turnover rate = number of leavers during the period ÷ average number of employees during the period × 100

Use a consistent approach and state whether you include all leavers or only voluntary resignations. For example, if four people leave during a 12-month period and your average headcount is 32, the rate is 12.5%. That is a calculation, not a verdict. Compare it with your own previous periods and investigate patterns by role, site, length of service and reason for leaving.

Also look at **early turnover**: the proportion of new starters who leave within, say, six or 12 months. Set the timeframe in advance. Early exits can point to a mismatch between the job advertised and the job experienced, weak induction, poor rota fit or limited support. Ask leavers for feedback, but do not assume that one person’s reason explains a wider pattern.

2. Vacancy rate and uncovered hours

A vacancy count can hide the impact on the rota. Track both the number of unfilled posts and the hours they represent. A useful measure is:

Vacancy rate = unfilled budgeted hours ÷ total budgeted hours × 100

Pair this with uncovered or temporarily covered shifts. A role may remain technically vacant while agency cover keeps services open; another vacancy may create repeated gaps in a specialist or late shift. Record agency hours and overtime separately so you can see what it takes to maintain coverage.

3. Time to hire

Time to hire helps you understand how long a vacancy affects the operation. Choose one definition and keep it. You might measure calendar days from approved vacancy to accepted offer, or from advert publication to accepted offer. Do not switch between those definitions when reporting results.

Track the median, not just the average, and break the process into stages: approval to advert, advert to shortlist, interview to decision, and offer to acceptance. This shows where delays happen. If checks or notice periods extend the time before someone starts, report “time to start” as a separate measure rather than hiding that delay inside time to hire.

Hiring speed is not a target on its own. A rushed appointment that does not fit the role may raise early turnover. Read time to hire alongside retention, candidate quality and manager feedback.

4. Rota resilience and workload pressure

You ever wonder why track whether the staffing plan works in day-to-day practice. Useful indicators include overtime hours, agency shifts, short-notice absences, shifts filled by staff working outside their usual pattern, and missed or deferred training. Review these by week or month, and note unusual events such as sickness clusters or a local service change.

For pharmacies delivering Pharmacy First, consider tracking the staffing hours allocated to the service, the number of trained staff available per shift and the extent to which service delivery displaces other work. The point is not to assume every consultation creates the same amount of work. It is to check whether your actual staffing model can support the service alongside dispensing and other responsibilities.

Measure whether people are developing and staying

5. Internal promotions and progression

Internal promotions show whether employees can move into more senior or skilled roles within your organisation. Define what counts: a promotion to a higher-grade role, a formal step into a new scope of practice, or both. Report the number and the proportion of appointments filled internally, with the period and role group stated.

Also track development steps that may come before promotion: completion of agreed training, successful sign-off for new responsibilities, applications for internal vacancies and the time between joining and progression. These measures help distinguish a real development route from a promise in a job advert.

Do not treat a low promotion count as automatic failure. A small pharmacy may have few senior vacancies in a given year. In that case, track skills gained, expanded responsibilities and retention of employees who complete development. Be clear about what the business can offer next, rather than implying that every learner will move up quickly.

6. Training progress and completion

For each training route, record enrolment, attendance, progress reviews, completion and any required assessment or qualification outcome. Include the denominator. "Eight people completed training" is more informative when reported as "eight of 10 enrolled learners completed within the agreed period." If someone pauses or leaves, record that too and, where appropriate, the reason.

Apprenticeships can help build a staffing pipeline, but only if the pharmacy plans the work around learning. An apprentice is an employee developing skills, not spare cover. Agree supervision time, protected learning, suitable tasks and a named workplace contact. If the rota repeatedly cancels learning time, record that as a delivery problem rather than blaming the learner.

Tend's pharmacy apprenticeship training category page is a useful place to explore relevant training options: [tendtraining.co.uk pharmacy apprenticeship training](https://tendtraining.co.uk/pharmacy-apprenticeship-training). Check the current programme details, entry requirements and delivery arrangements directly with the provider before deciding what fits your roles and capacity.

7. Retention after training

Completion alone does not prove that an apprenticeship is improving workforce stability. Track how many learners remain employed at milestones such as six and 12 months after completion. State whether the denominator is all completers thebusinessdesk.com or only those still employed at the point of completion, and note any people who move to another role within the organisation.

Then compare the outcomes with your own recruitment experience. Did the programme help fill roles that were difficult to recruit for? Did learners take on the expected duties after assessment? Did the team spend less time repeatedly recruiting for the same vacancy? These are better tests than assuming that an apprenticeship automatically reduces recruitment costs or turnover.

Connect workforce measures to service and team outcomes

Workforce measures are strongest when paired with the operational outcomes they are meant to support. Depending on your pharmacy and services, you might review:

- planned opening and service hours delivered;
- Pharmacy First capacity and consultations, interpreted in the context of local demand and eligibility;
- dispensing or service backlogs and work carried forward;
- complaints or patient feedback linked to access and waiting;
- overtime, agency spend and training hours protected.

Do not claim that a workforce change caused a service improvement based on a simple before-and-after comparison. Demand, sickness, opening hours and other changes may also affect the result. Record what changed, when it changed and what else was happening. If you have several sites, compare sites carefully: their opening hours, patient demand and staff mix may differ.

A practical workforce scorecard

Measure Definition to agree Suggested review Question it helps answer Staff turnover rate Leavers divided by average headcount, with leaver type stated Monthly or quarterly, using a rolling 12-month view Are more people leaving, and from which roles or service periods? Time to hire Calendar days between two agreed recruitment milestones For each vacancy and quarterly summary Where does recruitment stall? Vacancy and uncovered hours

Unfilled hours as a share of budgeted hours; uncovered shifts counted separately Monthly Where is the rota most exposed? Internal promotions Internal appointments to defined higher-grade or expanded-scope roles Quarterly or annually, depending on role volume Are people able to progress here? Apprenticeship progress Enrolment, protected learning, progress, completion and post-completion retention Monthly progress checks; quarterly outcome review Is the training route being delivered and leading to sustained capability? Rota pressure Overtime, agency hours, short-notice gaps and training cancelled Weekly operational review; monthly summary Can the team deliver the work without relying on repeated workarounds?

Why recruitment-only plans fall short

In a tight labour market, advertising harder may not produce enough suitable candidates quickly enough. Recruitment still matters, but a plan based only on external hiring leaves you exposed to long vacancies, repeated onboarding and competition from other employers. It also overlooks the people already working in the pharmacy who may be ready to build new skills.

A more balanced plan combines recruitment with retention, development and workload planning. Check why people leave, make the role and rota realistic, give new starters structured induction, and identify the skills the team will need over the next year. Then decide which vacancies need an external hire and which capabilities could be developed internally.

Apprenticeships are one way to build that capability over time. They are not an instant fix for next week's rota: learners need support and time to develop. Set expectations honestly, protect learning time and measure progress against the role the pharmacy needs to fill.

Turn the numbers into decisions

A workforce scorecard should lead to a specific next step. If time to hire is rising, inspect the slowest recruitment stage. If early turnover is high, review induction, role expectations and rota patterns. If apprenticeship progress is slipping, check whether supervision and learning time survive busy weeks. If internal promotions remain rare, look at whether vacancies and development opportunities are visible to staff.

1. Set a baseline and document each calculation.
2. Choose a small number of measures linked to your service priorities.
3. Review operational measures monthly and longer-term outcomes quarterly.
4. Ask managers and staff what the numbers do not show.
5. Agree an owner, action and review date for each issue.

A credible workforce plan does not promise that turnover will disappear or that every apprentice will be promoted. It shows, with dates and denominators, whether vacancies are becoming easier to fill, whether employees are staying and developing, and whether the rota can support the work the pharmacy has committed to deliver. That is the evidence you need to adjust the plan before the next staffing gap becomes an urgent one.