

An apprentice can learn the theory of a pharmacy qualification in a training setting. The harder part is applying that learning safely in your pharmacy: using your PMR, following your local standard operating procedures (SOPs), knowing when to pause and ask for help, and communicating well with patients.

That practical training matters even more when the team is busy. In England, Pharmacy First launched on 31 January 2024, adding a structured route for community pharmacies to manage eligible conditions and referrals. It sits alongside the everyday demands of dispensing, advice, services and queries from patients. At the same time, community pharmacies face workforce pressures, and recruitment alone can be difficult in a tight labour market.

Apprenticeships can help build a staffing pipeline, but only when the pharmacy gives apprentices a clear, supervised route into the work. The goal is not simply to get another person on the rota. It is to help them **train to workplace standards**, understand your **pharmacy processes** and take on **patient facing responsibilities** at the right pace.

Start with the work, not the job title

"We need a pharmacy apprentice" is not yet a training plan. Before recruitment, identify the work the apprentice should be able to do by the end of their first month, first three months and first year. Set expectations by task and level of supervision, not by a vague promise of "career progression".

For example, your initial plan might cover finding their way around the dispensary, handling routine non-clinical queries, using the PMR under supervision and understanding how the team manages repeat prescriptions. Later, the apprentice might take on more complex administrative tasks or support particular services, subject to their training, competence and the rules that apply to the task.

Write down what "ready" looks like. A useful standard is observable: the apprentice follows the relevant SOP, completes the task accurately, protects confidentiality and knows when to escalate. A task is not signed off because someone has watched it once or says they feel confident.

Map your systems and SOPs before day one

Every pharmacy has its own combination of software, workarounds, handovers and local routines. Some practices are written down; others live in the memory of the person who has worked there [best pharmacy apprenticeship provider](#) for ten years. Apprentices need the current, approved process—not a collection of contradictory tips picked up between a queue and the dispensary hatch.

Before the apprentice starts, prepare a simple workplace training map. Include the systems they will encounter, the SOPs connected to their duties, who supervises each area and how you will check competence.

Area What the apprentice needs to learn How to check progress PMR and dispensing workflow How to navigate relevant screens, follow local steps and keep patient information secure Observed practice using training or supervised access, followed by a documented review SOPs and safety Where to find the current SOP, when it applies and what to do if the procedure cannot be followed Ask the apprentice to explain the steps and demonstrate them under supervision Patient communication How to welcome patients, clarify a query and refer clinical questions to the right team member Role-play, then observed interactions with feedback Escalation and handover Who to contact, what information to pass on and how to record or hand over an issue Scenario practice and checks during real handovers

Make sure the apprentice knows how to access the controlled version of each SOP. If you update an SOP, explain what changed and record that the apprentice has reviewed it. A folder of old printouts is not a training system.

Build a staged route to competence

Apprentices learn by seeing, doing and reviewing. They should not be left to work out a process from a quick demonstration during peak hours. A staged approach gives the apprentice practice while protecting patients and supporting the rest of the team.

1. **Explain the task.** Describe its purpose, risks, relevant SOP and limits. Show the apprentice where to get help.
2. **Demonstrate it.** Talk through each step at a manageable pace. Include the checks that are easy to skip when the pharmacy gets busy.
3. **Practise together.** Let the apprentice perform the task with direct supervision. Pause when needed and explain why.
4. **Observe repeated practice.** Watch the apprentice complete the task on different occasions, including routine variations—not only the easiest example.
5. **Check understanding.** Ask what they would do if information were missing, a patient's request fell outside their role or the system behaved unexpectedly.
6. **Record the outcome.** Note the evidence, any remaining support needed and the next review date. Sign off only when the apprentice demonstrates consistent competence within the agreed scope.

Use a named supervisor for each shift or training block. If that person is pulled into another task, the apprentice should know who takes over. "Ask anyone" often means nobody knows who is responsible.

Teach your pharmacy processes as a connected system

Apprentices need to understand how one action affects the next. A dispensing process, for example, is not just a series of screen clicks. It connects the prescription, patient details, stock, labels, checking, handover and the record left behind. Teach the purpose behind the steps so the apprentice can spot when something does not fit.

Walk through the whole process in quieter periods, then break it into smaller tasks. Explain the boundaries between an apprentice's work and the work of the responsible pharmacist or other authorised staff. Those boundaries may depend on the task, the apprentice's training and competence, the SOP and relevant professional or legal requirements. Check current guidance rather than relying on assumptions.

Be equally clear about local variations. If your pharmacy uses a particular method for repeat requests, deliveries or managing queries, explain whether it is an approved process, where it is documented and who can authorise an exception. Avoid teaching "the way we usually do it" when it conflicts with the current SOP.

Prepare apprentices for patient-facing responsibilities

Patient-facing work involves more than being friendly. An apprentice may need to listen carefully, confirm what the patient is asking, protect privacy and recognise when a question needs a pharmacist or another appropriate colleague. They should not guess, promise an outcome or give advice beyond their role.

Start with common, lower-risk interactions. Practise introductions, finding out the reason for a visit, explaining that a colleague will help and passing on a clear message. Use short role-plays for situations the apprentice may find difficult: a frustrated patient, a confidential question at a crowded counter or a request that sounds urgent.

For Pharmacy First, explain the service at a level that matches the apprentice's role. They should know that eligibility, assessment and clinical decisions belong with the appropriately trained and authorised professionals. The apprentice can learn how your pharmacy manages the initial conversation, privacy, signposting and referral to the right colleague, according to local procedures. Do not treat a rise in service demand as a reason to stretch an apprentice beyond their competence.

After observed interactions, give specific feedback. "Be more confident" is hard to act on. "You explained who would respond, but you didn't confirm the patient's name before handing over" gives the apprentice a clear next step.

Make learning fit the rota

Training often falls away when the pharmacy gets busy. That is precisely when an apprentice needs clarity about what they can do, what they should not do and who is available to supervise them. Plan protected learning time and practical training into the rota rather than hoping it will happen between interruptions.

A short weekly check-in can cover three questions: What have you practised? What still feels uncertain? What will you work on next week? Keep a simple record of tasks observed, tasks practised, feedback and agreed actions. This does not need to become a separate bureaucracy; it should help the apprentice and supervisor see progress and identify gaps early.

Review the rota for predictable pressure points: lunch cover, late shifts, delivery days, seasonal demand and times when the responsible pharmacist has little capacity to supervise. Do not schedule a new apprentice as the only available cover for a task they have not been signed off to perform.

Use the training provider as a partner

Workplace training and off-the-job learning should support each other. Speak with the training provider before the start date about the apprenticeship programme, expected learning, assessment requirements and how workplace evidence will be captured. Agree how the provider and pharmacy will communicate when progress slows or the apprentice needs additional support.

Tend Training's pharmacy apprenticeship training category is a useful starting point for exploring pharmacy apprenticeship training options. Before choosing a programme, confirm its current details directly with the provider, including the qualification, delivery approach, entry requirements, employer responsibilities and support available to apprentices and supervisors.

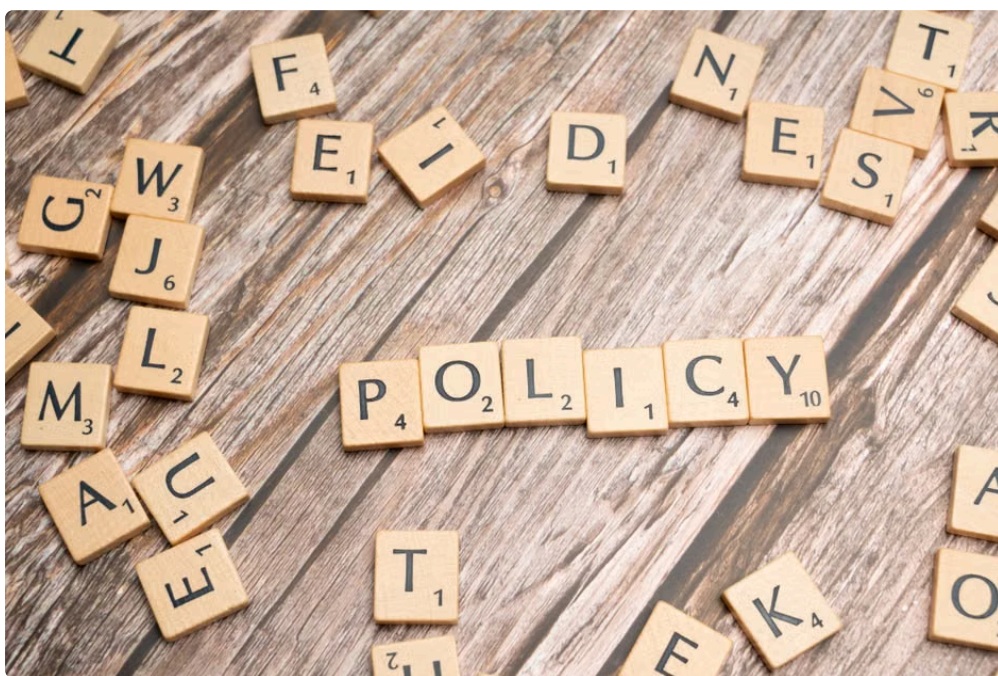
Keep the workplace plan realistic. The provider can support structured learning, but it cannot replace local induction, supervision or access to current SOPs. Likewise, your team's demonstrations should connect to the apprentice's formal learning rather than contradict it.



Measure progress with evidence, not impressions

Set review points with a date and a clear denominator. For instance, ask whether the apprentice has completed each item on the agreed induction checklist by the end of week four; whether they have demonstrated a particular task correctly on three observed occasions; or whether every priority SOP has been reviewed by the agreed date. Choose measures that fit the role and programme rather than collecting numbers for their own sake.

Use reviews to adjust support. If the apprentice struggles with one system, arrange another demonstration and supervised practice. If the same task keeps being missed across the team, check whether the SOP, workload or handover needs attention. Training records can reveal problems in a process as well as gaps in an individual's learning.



Common mistakes to avoid

- **Rushing sign-off.** Being shown once is not the same as demonstrating consistent competence.

- **Changing the process without explanation.** If local practice changes, update the relevant SOP and retrain affected staff.
- **Giving unclear feedback.** Describe the behaviour, its effect and the next action.
- **Assuming confidence means competence.** Observe the task and check the apprentice can explain what they would do when something goes wrong.
- **Using the apprentice to plug every rota gap.** Apprentices are learners with support needs, not a substitute for experienced cover.
- **Promising progression without a plan.** Explain which skills, qualifications or responsibilities may follow, what conditions apply and when you will review them.

Build the pipeline one supervised task at a time

Recruitment remains part of workforce planning, but it cannot be the only response when experienced applicants are scarce. Apprenticeships give a pharmacy a way to develop skills in the workplace and help someone build a route into the sector. That route works best when the pharmacy makes its standards visible, protects time for supervision and connects training to real tasks.

Start with a manageable plan: map the systems and SOPs, name the supervisors, define what the apprentice can do at each stage and set a regular review date. Then keep checking whether the plan still fits the workload. That is how you help apprentices train to workplace standards—without compromising patient safety or expecting them to learn the pharmacy by guessing.