Global Policy Network

Global Medicines Policy Series 2025

Making the Most of the Pharmacy Workforce: A Policy Brief

Health System: United Kingdom

info@globalpolicynetwork.com
www.globalpolicyetwork.com

Making the Most of the Pharmacy Workforce

Executive Summary

The policy brief presents insights and recommendations from the third roundtable in the Global Policy Network's United Kingdom (UK) medicines policy series, held on September 8, 2025. The policy roundtable, titled "*Making the Most of the Pharmacy Workforce*", was chaired by Stephen Riley, North-West Deputy Regional Chief Pharmacist at NHS England. It posed the fundamental question: how can the UK better utilise our community pharmacy workforce as the NHS transitions into the next decade? This Roundtable brought together thought leaders and representatives from across the healthcare system; to discuss what changes need to be made to optimise the potential of the current pharmacy in the UK in light of the National Health Service's (NHS) current transformations.

Speakers and participants discussed various challenges and opportunities for optimising the pharmacy workforce. Emphasising that while the sector was expanding in capability, it faces major constraints due to familiar pressures. Key issues included technology, funding, regulation, education, workforce integration, and leadership. Underfunding emerged as a significant barrier to developing and realising the potential of our workforce. Enabling the art of the possible to become reality. Community pharmacy, often described as having "the worst deal in the NHS" financially, remains the most visible and accessible NHS health provider for people seeking care. The participants spoke about the strain of working in a system where responsibilities outpace resource availability. Highlighting the legislative and regulatory constraints that prevent community pharmacists from rapidly developing their services.

These important insights are supported by emerging national evidence on community pharmacy transformation, including findings from the published academic evaluation of NHS England's Independent Prescribing Pathfinder Programme. The evaluation identifies similar system-level enablers and constraints, particularly in relation to funding stability, digital integration, workforce capacity and governance. Reinforcing the need to address structural barriers if expanding clinical roles within pharmacy is to translate into sustained impact. In this context, the roundtable policy report is necessary and timely as it moves beyond the high-level ambition to tackle practical blockers to making the most of the pharmacy workforce. Identifying concrete system-level actions to successfully realise the national policy intent.

Introduction

The 10 Year Health Plan for England: fit for the future sets out a 10-year vision to deliver equitable, high-quality healthcare across England by harnessing innovation, digital transformation and cross-sector collaboration (NHS, 2025).
Opening the discussion, one participant argued that community pharmacy is working under “the worst deal in the NHS”. Funding has deteriorated over the past decade, yet the sector delivered consistently through the COVID-19 pandemic. Being at the forefront of the vaccine rollout, maintaining open access for patient care whilst many services were disrupted.

Participants agreed that community pharmacy is instrumental in delivery of the three NHS shifts:

- From analogue systems to digital
- From secondary care to primary care
- From treatment to prevention

However, realisation of these shifts depends on better workforce integration and enabling legislation. Speakers contrasted community pharmacy with hospitals, highlighting how restrictive contractual, regulatory, and governance frameworks limit pharmacy's ability to operate at the top of its skill mix. Specific concerns included constraints on independent prescribing implementation, limited delegation of clinical and operational tasks to pharmacy technicians, rigid contractual specifications under the Community Pharmacy Contractual Framework, and the absence of leadership roles for pharmacy within Integrated Care Boards (ICBs). Pharmacists remain burdened by a high volume of operational work, while pharmacy technicians are often constrained and are unable to work to their full potential. Participants emphasised that limitations on the use of Patient Group Directions by pharmacy technicians, alongside variable confidence and competence within teams, restricts effective delegation and skill mix. Participants further highlighted that expanding technician roles must be accompanied by structured workforce development, clear governance, and appropriate training to ensure confident and safe practice within the new parameters. Meaningful integration requires capital ambition; without the right infrastructure, co-location and joined up care remain difficult to deliver.

The roundtable discussion on how to optimise the pharmacy workforce within NHS England is therefore especially timely. From summer 2026 all newly qualified pharmacists will register as Independent Prescribers (IPs) and Pharmacy First is expanding the clinical footprint of community pharmacy. Simultaneously, workforce pressures across general practice have sharpened attention on where capacity remains unused. Exposing a narrow window in which the system can align funding, legislation, education, and leadership to unlock that capacity.

Persistent Challenges

1. Funding Pressures and Sustainability

Participants described funding pressures as a daily erosion of capacity. Community pharmacies are operating at a saturation point, with staff stretched across dispensing, supervision, and expanding clinical services (including Pharmacy First and the Pharmacy Contraception Service), without any meaningful reduction in the workload. Community Pharmacy has a key role in delivering the Darzi shifts set out in the NHS 10-Year Health Plan for England, given its position at the heart of communities, its accessibility, and its potential to deliver more health care support including a greater prevention focus.

This long period of funding constraints explains why innovation repeatedly stalls. Community Pharmacy contractors are expected to absorb new responsibilities and cost, whilst relying on contractual funding arrangements that struggle to sustain core services delivery. Contractors feel unable to decline new commissioned services, even when funding models are unsustainable, placing further strain on resources, undermining overall service delivery and directly contributing to workforce burnout.

Training pressures are an additional burden. Ambitions around independent prescribing are impacted with the reality of unfunded supervision. Whilst newly qualified pharmacists will qualify as IPs. There is a significant proportion of the pharmacist workforce that would have to undertake additional education and training to qualify as IPs. Requiring Designated Prescribing Practitioner supervision, which community pharmacists would need to identify funding. Professional development quickly becomes a burden in the absence of funding support and protected learning time.

Across the sector, funding insecurity is borne out through limited investment. Digital tools and automation remain out of reach because many pharmacies contractors do not feel able to trust the financial ground beneath them. A shortage of time is an impactful constraint as much as money. Without stability, there is limited capacity to train, collaborate, and redesign services to build the sector needed for the future.

Ultimately, funding pressures were not described as a single issue, but as a slow narrowing of choices. Decision-making focused on postponing practices rather than improving care. Over time, this shaped a permanently reactive workforce.

2. Legislation, Regulation and System Leadership

Outdated regulations and inconsistent leadership arrangements can prevent optimal utilisation of community pharmacists' clinical expertise and limit their integration into

system level service and workforce planning. Participants argued that current regulations and governance structures can prevent pharmacy professionals from working at the top of their licence, while also constraining community pharmacy's visibility and influence within system planning.

a. **Legislative and Regulatory Barriers**

Participants expressed strong consensus that outdated legislation and slow regulatory change are major barriers to optimising community pharmacy workforces' delivery of patient care. Participants repeatedly raised concerns that outdated legislation limits what community pharmacy teams can do in practice.

"The legislation to empower skill mix is still slow. It's archaic, even for pharmacists. Hospital pharmacy was my main career for 25 years, and we were able to do the basics like change prescriptions. But in community pharmacy, that's still a barrier." (Executive Leadership Coach and Founder)

Participants repeatedly highlighted the inconsistency that community pharmacists are increasingly expected to deliver expanding clinical services yet remain clinically constrained from making routine interventions that hospital pharmacists have performed for decades. Evidencing that legislation and regulation have failed to keep pace with professional competence.

Community pharmacists do not operate within the same enabling operational systems and governance frameworks as their hospital counterparts, who have benefited from established multidisciplinary integration and clearer clinical governance for decades. As a result, community pharmacists and pharmacy technicians face structural constraints that limit utilisation of their skills, while delays in implementing supportive frameworks for expanded roles across the wider pharmacy team hinder optimisation and innovation.

Participants described these barriers as causing daily operational frictions, frustrating both clinicians and patients. Pharmacy technicians were frequently cited as a clear example. While training and capability have advanced, implementation across the system has been uneven. Recent changes enabling pharmacy technicians to work under Patient Group Directions, alongside forthcoming supervision reforms, mark important progress. However, delays in consistent adoption mean pharmacists often remain tied to tasks that could safely be delegated, further reducing time available for clinical supervision and wider system level care.

Enabling legislation is therefore essential if community pharmacy is to operate at full capacity. Modernising the legal and regulatory framework would align with contemporary practise and enable pharmacists and pharmacy technicians to apply existing training and competence more consistently. This includes enabling pharmacy technicians to take on more appropriate operational tasks and making independent

prescribing in community pharmacy easier to deliver safely in a day-to-day practice through clear governance that supports prescribing authority.

Finally, an effective skill mix relies on updated regulation and stronger system community leadership and influence. Formal recognition of pharmacy leadership within system structures, such as statutory roles for chief pharmacies within ICBs, would improve pharmacy visibility in decision-making and strengthen accountability for delivery.

b. **System Leadership and Strategic Workforce Planning**

Legislation alone is not sufficient; even when regulatory barriers are eased, progress will stall without clear system ownership and accountability for delivery. Having entities responsible for embedding change into workforce planning, coupled with legal permissions, will translate into a pragmatic shift. Workforce planning includes education and training, prescribing governance, and placement capacity.

Senior pharmacy leaders at a system and provider level described a paradox at the heart of pharmacy leadership. They are being asked to design services that succeed by shrinking their own traditional footprint of pharmacy within hospital settings. Traditionally, pharmacy leadership has been closely associated with hospital-based services, where there is a stronger perception of clinical intensity and visible activity. The planned shift of care from hospitals into neighbourhoods and community pharmacies settings challenges this model. This calls for a form of leadership that plans beyond institutional lines and recognises the redistribution of clinical care into community settings as a measure of success.

Participants spoke candidly about the professional risk embedded in this transition. Services that succeed by reducing hospital activity require leaders to accept a quieter form of success, one that is less institutionally rewarded. Delegates describe this as working against decades of professional instinct, where growth was usually measured by scale.

Separately, wider evidence review suggests that some systems are taking a more proactive workforce planning approach, with forecasting models that look several years ahead rather than reactively responding only when shortages become visible. Typically including early planning for placement and supervision capacity, clearer arrangements for shared education across sectors, and defined responsibility for independent prescribing governance as prescribing becomes routine.

Participants noted that retention is shaped by more than contractual employment terms. It also depends on whether pharmacists can see credible professional development pathways for themselves within the system. Current pathways were described as narrow, often channelling progression primarily towards greater clinical prescribing responsibility. For those whose strengths lie in system design, education, or

digital roles, this limited framing can become a reason to leave. Systems need to enable movement between sectors in order to retain people. Where pharmacists can move across sectors and contribute to building and improving services, they are more likely to stay engaged and invested. This was seen as particularly important at transition points, notably after foundation training, when clearer options and supported progression can strengthen long-term retention.

3. Education and Workforce Training

a. Education and Training pipeline

Standardised curricula to what the NHS needs.

Undergraduate education serves as the basis for training pharmacy professionals in the UK. However, attendees raised concerns about the accuracy of the curriculum used for training, noting that it may be too narrow and insufficiently prepare students for the evolving demands of the profession. Fearing the current curriculum may not reflect the evolving role, skills, and responsibilities of pharmacists, and no longer align with modern professional standards.

"We have a wider awareness of where we can get to; inputting that knowledge at the point of education is very important. Part of this is about the curriculum content, and making sure it is fit for purpose and fit for the future in terms of creating the leaders of tomorrow, helping them understand what they can do and what they can achieve." (Pharmacist)

A participant emphasised this point by posing valuable questions such as *"Is the curriculum, right? Is the education, right? How do we keep people motivated?"*

Whilst education was described as still preparing students for more clearly focused, sector-specific roles, graduates are entering a system that expects flexibility from day one. The issue was not framed as a gap in ability, but as a gap in exposure to how decisions and responsibilities flow across primary care, hospitals and community settings. Participants suggested this disconnect can be particularly harmful for early career professionals. Being expected to work confidently in a multidisciplinary environment, without having experienced these settings in training can reduce confidence and increase supervision needs. Delegates noted that this is not a sustainable basis for building future models of care. Concerns were raised that curricular can emphasise technical knowledge at the expense of understanding how the system operates in practice. Participants pointed to capabilities such as digital navigation, understanding commissioning and contributing to service design. These skills are increasingly expected in practice yet are not always reflected consistently in training. Where education does not keep pace, pharmacists or left to adapt individually rather than being prepared collectively. Aligning curricula with realities of integrated care was

therefore seen as essential for building professional confidence and improving retention over the longer term.

Expanding trainee placements across community pharmacy, GP and ICB Sectors
Establishing a comprehensive pipeline for broader and earlier clinical exposure is essential for preparing undergraduate students for their future profession upon graduation. This initiative is supported by the General Pharmaceutical Council (2025), as it aims to enhance educational experience by providing significant hands-on opportunities that foster students' confidence and competence in real-world healthcare settings.

However, delegates have highlighted that to achieve the best possible outcome, students must engage in placements across a greater variety of sectors. Cross-sector placements enable students and early-career pharmacists to work in diverse environments, including community pharmacies, hospitals, general practice, industry, and public health. This exposure is vital for developing a comprehensive understanding of the full spectrum of pharmacy roles and is considered key for workforce retention.
"Working across sectors helps expose you to what is possible. As a professional, you can understand better what the patient journey looks like. You can come in and see where you can make a difference because you have that cross-sector thinking." (Pharmacist)

Working across sectors was presented as a practical way to avoid locking pharmacists into a siloed career path too early. Participants repeatedly noted that pharmacy training could learn from joint education with medical undergraduates, particularly the use of structured early-career rotations. Delegates proposed the idea of an enhanced "pharmacy deanery" model, where newly qualified pharmacists would rotate through different settings in their early years, including community pharmacy, hospital, primary care, and system-facing roles. The aim would be to support exploration before specialisation, build judgement by understanding how different parts of the system operate, and strengthen confidence through real-world exposure. Participants suggested that more structured movement will widen perceived career options and reduce the sense of professional lock-in.

b. IP readiness and safe deployment

Starting September 2026, all newly qualified pharmacists will qualify as IPs upon registration (Department of Health and Social Care, 2025). The safe development of IPs requires a comprehensive approach that includes training, role structure, system-level support and protected funding. While the rapid rollout of IPs has become a national priority, the lack of ring-fenced funding and structured roles suggests a real risk of underutilisation. Attendees highlighted the absence of designated funding for

Designated Prescribing Practitioner / Designated Medical Practitioner supervision, noting:

"We are looking at local training, funding opportunities, and piloting things like Teach and Treat, even though we know they are finite budgets that won't last the duration of the journey. Students or pre-registration pharmacists will continue to come out year on year, from next summer, so this is going to be an ongoing problem." (Associate Director for Pharmacy Workforce)

This raises concerns about the sustainability and quality of supervision for new IPs. Challenges that pharmacists must tackle at a local level within limited budgets that are inadequate for their needs. This issue is often ignored but resolving it is crucial to ensuring that the pharmaceutical workforce can fully leverage its capabilities.

Furthermore, the accelerated deployment of IPs raised concerns among participants as, without the appropriate pathways and structure, newly qualified pharmacists would not be able to utilise their skills to their fullest potential, leading to underusing their capabilities. The training of IPs must be aligned with workforce opportunity; otherwise, the investment in such training does not represent an effective use of resources and limits the effectiveness of service delivery.

"I don't think we've created nearly enough prescribing roles post-registration into the space that we're now going into." (Director of Pharmacy & Medicines Optimisation)

Newly qualified IPs need more than just certificates. Participants stressed that funded roles and appropriate job designs must be established for trained pharmacists. Ensuring protected and funded roles would allow independent prescribing to function as intended. Without completing this crucial step, the system risks investing heavily in training while failing to realise its clinical value.

c. Professional development pathways for community pharmacy staff.

During the roundtable discussion, participants emphasised that university education serves only as the foundation of a pharmacist's education.

This education should signal the beginning of a career in the field. However, the lack of a defined career structure or recognised framework for post-registration development often halts or complicates further learning for community pharmacy staff (Hanna, Askin & Hall, 2016). While professional development frameworks such as Royal Pharmaceutical Society (RPS) credentialing programmes provide structured pathways to recognise advanced practice, these are not yet systematically mapped to role profiles or career pathways across community pharmacy. The lack of formal recognition within, commissioning, employment, and workforce frameworks was seen as a barrier to progression and inhibitor of professional development. Attendees voiced strong demand

for structured opportunities throughout the professional careers of pharmacy staff, which are essential to meet the evolving needs of the profession:

"Training isn't coming to a one-off, registered event—it's a career, it's literally a career-long investment." (Chief Operating Officer)

Professional development should be continuously and strategically embedded within pharmaceutical careers, enabling pharmacy staff to reach their full potential. The incorporation of ongoing training and development opportunities can lead to more effective practices and ultimately improve patient outcomes. This idea is further emphasised by the Chair:

"We need a wider education package for the sector rather than piecemeal individual training courses" (Deputy Regional Chief Pharmacist)

A specific area highlighted was strengthening leadership and mentorship among senior staff. Participants noted that senior staff hold valuable expertise that can support the development of others through structured mentorship and supervision. They also pointed to lessons from general practice and nursing where late-career professionals are increasingly valued for their ability to mentor and transfer institutional knowledge.
However, leadership development should not only focus on senior staff members. Participants noted that it should be extended across the wider pharmacy team, including support staff, and treated as a core capability rather than something limited to formal management roles. This includes developing pathways for mid-career pharmacists and to move into roles such as educators, innovators and specialists leads.
"And how do we think about transforming some of those mid-career pharmacists into educators or innovators and pharmacists?"
Recognition must follow responsibility. As pharmacists take on more complex roles, participants noted that the systems need to reflect this change through meaningful incentives and clearer progression structure. Progression often feels informal without formal titles, accredited pathways, and appropriate pay. The discussion also challenged the narrow assumption that progression in pharmacy must run through direct patient-facing care. Clinical roles are essential, but the need for parallel routes into leadership is also fundamental. These roles shape the conditions that determine patients' outcomes in practice. Creating the appropriate space for these careers would strengthen primary care by ensuring the systems around care are built and led by those who understand them best.

4. Importance of Collaboration and Integration in the Healthcare Sector

a. The 'Us vs Them' Divide

The roundtable discussion emphasised the significance of successful integration and collaboration between community pharmacies and the broader primary care system to

optimise the pharmacy workforce. Delegates stressed that effective pharmacy workforce development and patient care rely on breaking down entrenched silos, fostering a collaborative culture and ensuring digital integration across the healthcare system. Currently, there is a noticeable divide between community pharmacies, General Practitioners (GPs) and hospitals, which adversely affects patient outcomes and practice effectiveness.

"I think there's still a little bit of an 'us and them' in primary care with GP practices. […] There's a little bit of a competition that pits people against each other inadvertently." (Medicines Optimisation Pharmacist)

In contrast, another participant highlighted that:

"90% of what we do in all of the sectors is the same, but we focus on the 10% of differences between us all. And we need to change some of that culture… fundamentally it is just understanding that we're— very, very similar— in what we're trying to achieve and what we're trying to do. And we need to celebrate that collaborative working".

The division between the community pharmacies and the wider primary care system is a barrier to the effective practice that all professions aim to achieve. Without a shared and collaborative mindset, the ability to deliver seamless, patient-centred care is limited. Community Pharmacy is an integral element of NHS Primary Care services yet often viewed as an external provider.

<u>"The Connected Community Pharmacy: Benefits for Healthcare and Implications for Health Policy"</u>

Structured collaboration across primary care should be treated as a fundamental operating principle. Simple practices such as joint meetings, shared audits, and neighbourhood working can significantly improve relationships. These arrangements clarify roles and allow services such as Pharmacy First to operate as an integrated care pathway. For this to be sustained, community pharmacy must be included meaningfully in the Integrated Care System and neighbourhood planning. This calls for involvement at both the commissioning and design stages. Without early integration, collaboration will be fragile and dependent on personal relationships.

Cross-sector workforce development is a further level for durable integration. When trainees are shared, and services are designed jointly, we achieve practical collaboration. This exposes professionals to others' constraints and capabilities, creating a clear sense of responsibility across the system.

b. Digital Infrastructure and Integration

Digital integration, especially the lack of shared access to patient records, is an essential element widening the divide between care sectors, hindering patient care. Participants

emphasised the need for digital systems to enable pharmacists and pharmacy technicians to perform at the top of their abilities, including effective prescribing. Although delegates from Greater Manchester explained how community pharmacists have full access to the local care records, this is not standard across England. In many regions, community pharmacists are restricted by their inability to access these records, which prevents them from working at the top of their license and limits their potential.

"I think, if we want our pharmacists and technicians to be able to work at the top of their registration, which is the ambition, isn't it? There needs to be digital infrastructure in place to support effective prescribing." (Community Pharmacy Clinical Lead)

Participants also argued that access alone is not sufficient. To support continuity of care and safe prescribing, pharmacy professionals need the ability to update records through read and write access, supported by appropriate governance. With these capabilities, regardless of where the patient goes next, whether it is a GP, hospital or community pharmacy, all medical or pharmacy staff will be informed of the patient's journey and prior history. Studies have reported that shared patient records lead to improved patient safety, interprofessional communication, costs, and service efficiency (Li *et al*, 2022; Flynn *et al*, 2025). This comprehensive visibility leads to more holistic, precise, and safer care for patients.

Key Insights

- **Exclusive Legislation, Regulation and System Leadership**

Effective legislation, robust regulation, and strong system community pharmacy leadership are essential to unlocking the full potential of the pharmacy workforce. To drive meaningful change, it is crucial to modernise legal frameworks and regulatory structures, ensuring they empower all members of the pharmacy team to work at the top of their competence. However, the recent NHS reforms and structural reorganisations have reduced the visibility and continuity of dedicated community pharmacy leadership at system level, contributing to fragmented accountability and implementation. System leadership must therefore be clearly defined and visible at both national and local levels, fostering a unified vision, accountability, and a culture of collaboration across all pharmacy sectors. By aligning policy, regulation, and leadership, the profession can better respond to evolving healthcare needs, support innovation, and deliver improved outcomes for patients and communities.

- **Optimising Education and Workforce Training**

Education and training are the foundation for developing the skills, confidence and adaptability required in the pharmacy workforce. To optimise the workforce potential, it

is essential to modernise the formation of pharmacy professionals through multiple pathways. This includes updating and standardising the curriculum to reflect evolving clinical roles, increasing diversity in placement opportunities, expanding supervision and support for IPs, creating more positions for newly qualified professionals, and ensuring ongoing training and career development once individuals enter the workforce. Such a comprehensive approach will help retain talent, foster innovation, and ensure that pharmacy professionals are equipped to meet the changing needs of patients and the healthcare system.

- **Integration into the Primary Care System**

Despite the shared professional aims and overlapping responsibilities of community pharmacies, GPs and hospital services, a deep historical divide persists between these sectors. Bridging this gap is essential to delivering more integrated, effective and patient-centred care.

Recommendations

1. **For Department of Health and Social Care (DHSC), Parliament, national regulators**

Modernise enabling legislation to unlock skill mix in community pharmacy: Update outdated legal and regulatory constraints so community pharmacy teams can carry out routine, low-risk interventions and deploy staff at the top of their competence. This should include removing barriers that prevent appropriate delegation and limit workforce flexibility.

2. **NHS England, ICBs and System digital leads**

Make digital integration a core requirement for integrated pharmacy practice: Ensure community pharmacy has consistent access to shared care records across all systems to support safe prescribing, continuity of care and effective cross-sector working. Digital enablement should be treated as essential infrastructure, not an optional local enhancement.

3. **NHS England, DHSC, education and workforce planners, training providers**

Strengthen the early-career pipeline through cross-sector placements and funded supervision capacity: Expand structured placements across community pharmacy, hospital and primary care settings, supported by fair funding that reflects the real cost of supervision and multi-professional learning. This should include planning for placement capacity and ensuring supervision models are sustainable.

4. **NHS England, ICBs, System leaders**

Clarify system ownership and accountability for pharmacy workforce delivery: Establish clear system-level responsibility for pharmacy workforce strategy and implementation, including oversight of workforce planning, training pathways and prescribing governance. System structures should ensure pharmacy leadership is visible in planning and accountable for delivery within ICBs.

Attendees of Roundtable Three

The insights and recommendations in this report are based on the roundtable event, which took place on 8th September **2025** under Chatham House Rule. A diverse group of 30 **delegates** from across the pharmacy and health policy ecosystem shared their expertise and insights to shape the findings of this policy report.

Figure 1: Roundtable 3 Participants' Job Category

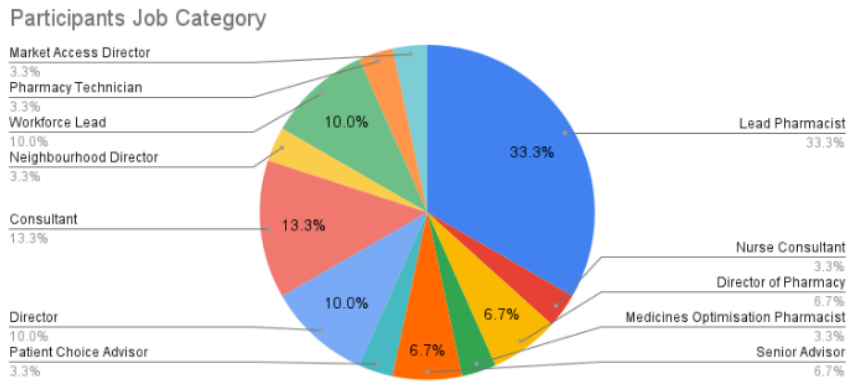
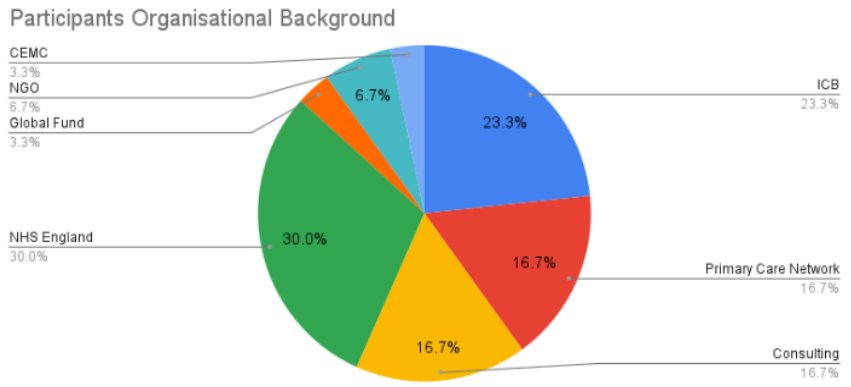


Figure 2: Roundtable 3 Participants Organisational Background UK



Abbreviations

GP - General Practitioner
GPN - Global Policy Network
ICB- Integrated Care Boards
IP - Independent Prescribers
NHS – National Health System
UK - United Kingdom

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