NATIONAL PHARMACY ASSOCIATION

Prescribing in Community Pharmacy

Workforce capacity implications of the GPhC Initial Education and Training of Pharmacists reform

Insight Brief | July 2026

Key Insights

The prescribing workforce in community pharmacy is growing steadily.

The 2025 Community Pharmacy Workforce Survey records **3,154 pharmacist prescribers** working in community pharmacy in England, equivalent to **2,346 FTE.** This represents a marked increase from 2,513 headcount and 1,996 FTE in 2024, and from 1,576 headcount and 1,087 FTE in 2022. The current **pharmacist prescribing workforce** is around **30% national headcount capacity** relative to the number of community pharmacy premises, or roughly one **pharmacist prescriber for every three pharmacy premises** nationally.

Changes to pharmacist education and training will create a new route into prescribing.

From 2026, newly qualified pharmacists trained under the **2021 Initial Education and Training of Pharmacists (IETP) standards** will join the register with independent prescriber annotation. This creates a route into prescribing at the point of registration and reduces reliance on separate post-registration prescribing training as the main source of workforce growth.

Without the IETP reform, the prescribing workforce would grow gradually.

At the current rate, it would take around **eight years** from 2026 for 75% of community pharmacy premises to have a pharmacist prescriber, and around **12 years** to reach one pharmacist prescriber in every community pharmacy.

The IETP reform will accelerate pharmacist prescribing workforce growth substantially.

With the reform, the workforce could be sufficient for 75% of community pharmacies to have a pharmacist prescriber **by the end of the 2020s**, and for **all community pharmacies** to have one by the early 2030s. The workforce could also provide enough capacity for 75% of community pharmacies to have the equivalent of one full-time pharmacist prescriber by 2029–2031, and for every pharmacy to have this capacity by 2031–2034.

The 2026/27 CPCF settlement creates an important opportunity to turn this growing workforce into commissioned prescribing services.

Realising the full benefit of this growing workforce will depend on services being commissioned with a **sustainable payment model**, alongside **clear clinical pathways and practical support** for safe, consistent delivery.

Note: *Estimates assume an even distribution of pharmacist prescribers across community pharmacy premises.*

Context

Community pharmacy is increasingly expected to play a greater clinical role as primary care, urgent care and medicines optimisation face rising demand, longer waiting times and workforce shortages. There are currently around 10,495 community pharmacies operating in England [1], making the sector one of the most accessible parts of the healthcare system.

Pharmacist prescribing enables pharmacists to assess, diagnose and prescribe within their area of competence. Before 2026, pharmacists needed to complete a separate post-registration qualification to gain independent prescriber annotation, meaning growth in the pharmacist prescribing workforce depended largely on existing pharmacists undertaking additional training [2].

Scotland and Wales have moved earlier than England in commissioning community pharmacy prescribing services, including Pharmacy First Plus in Scotland [3] and the Pharmacy Independent Prescribing Service in Wales [4]. They also have a higher proportion of pharmacists with independent prescriber annotation overall – 48% of pharmacists registered in Scotland and 44% of those registered in Wales, compared with 32% in England [5]. England's 2026/27 CPCF settlement marks an important shift, introducing a national NHS prescribing offer in community pharmacy from Autumn 2026 as an extension of Pharmacy First and the Pharmacy Contraception Service [6].

What changes in 2026

The General Pharmaceutical Council's 2021 Initial Education and Training of Pharmacists (IETP) standards incorporate prescribing into the initial pharmacist training pathway. From 2026, newly qualified pharmacists trained under these standards will be able to join the register with independent prescriber annotation, creating a new route into prescribing at the point of registration [7]. This will increase the future supply of pharmacist prescribers by reducing reliance on post-registration prescribing training as the main source of workforce growth.

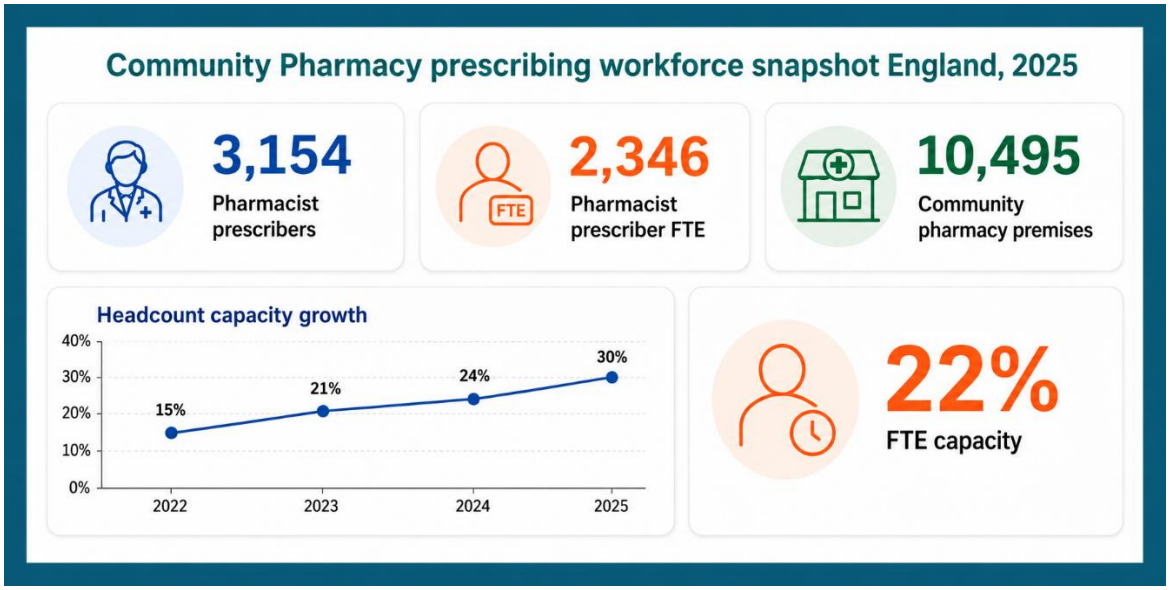
The 2026/27 CPCF settlement provides the first national NHS offer for prescribing in community pharmacy. From autumn 2026, prescribing will be introduced as an extension of Pharmacy First and the Pharmacy Contraception Service, including prescribing within existing pathways, up to five new prescribing-only pathways and circumstances for prescription management [6].

What the evidence shows

Current prescribing workforce

The 2025 Community Pharmacy Workforce Survey records 25,822 pharmacists working in community pharmacy in England, across 10,495 community pharmacy premises [1]. Of these, 3,154 are pharmacist prescribers, equivalent to 2,346 FTE [1]. This represents a marked increase from 2,513 headcount and 1,996 FTE in 2024 [8], and from 1,576 headcount and 1,087 FTE in 2022 [9].

The current workforce provides roughly one pharmacist prescriber for every three pharmacy premises, representing approximately 30% national headcount coverage [1]. This shows that community pharmacy prescribing capacity was already expanding before the IETP reform.



Workforce projections

Pharmacist prescribing workforce projections are shown as pharmacist prescriber headcount capacity (Figure 1) and pharmacist prescriber full-time equivalent (FTE) capacity (Figure 2), expressed as a percentage of community pharmacy premises. A 100% ratio means there would be enough pharmacist prescribers nationally to provide one pharmacist prescriber per pharmacy, if evenly distributed. A 75% ratio means there would be enough pharmacist prescribers nationally to cover three in four pharmacy premises.

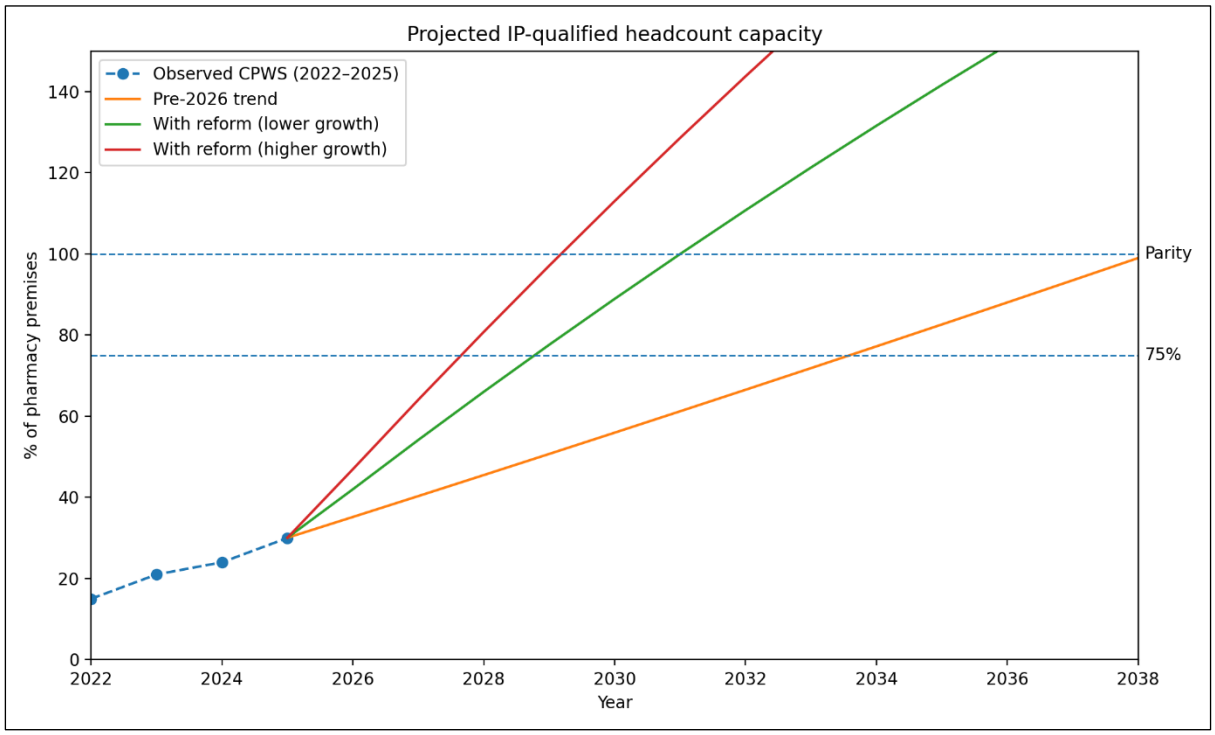


Figure 1: Projected pharmacist prescriber headcount capacity

Under the pre-2026 trend, where prescribing qualification remains a post-registration route, the sector could reach 75% headcount capacity by around 2034 and one pharmacist prescriber per pharmacy by around 2038.

With the IETP reform, the trajectory accelerates considerably. The two reform scenarios reflect different assumptions about the proportion of newly qualified pharmacist prescribers entering community pharmacy and the continued training of existing pharmacists.

Scenario 1 (lower growth) assumes 35% of newly qualified pharmacists enter or remain in community pharmacy, with around 400 existing pharmacists per year adding to prescribing capacity through training.

Scenario 2 (higher growth) assumes 45% of newly qualified pharmacists enter or remain in community pharmacy, with around 650 existing pharmacists per year adding to prescribing capacity through training.

Under these assumptions, 75% headcount capacity could be reached around 2028–2029, and one pharmacist prescriber per pharmacy around 2030–2031.

Projected pharmacist prescriber FTE capacity as a percentage of community pharmacy premises is shown in Figure 2.

- 100% FTE means there would be enough capacity nationally to provide one FTE pharmacist prescriber per pharmacy, if evenly distributed.
- 75% means there would be enough capacity available to cover three in four pharmacy premises.
- This accounts for working time, including part-time working.

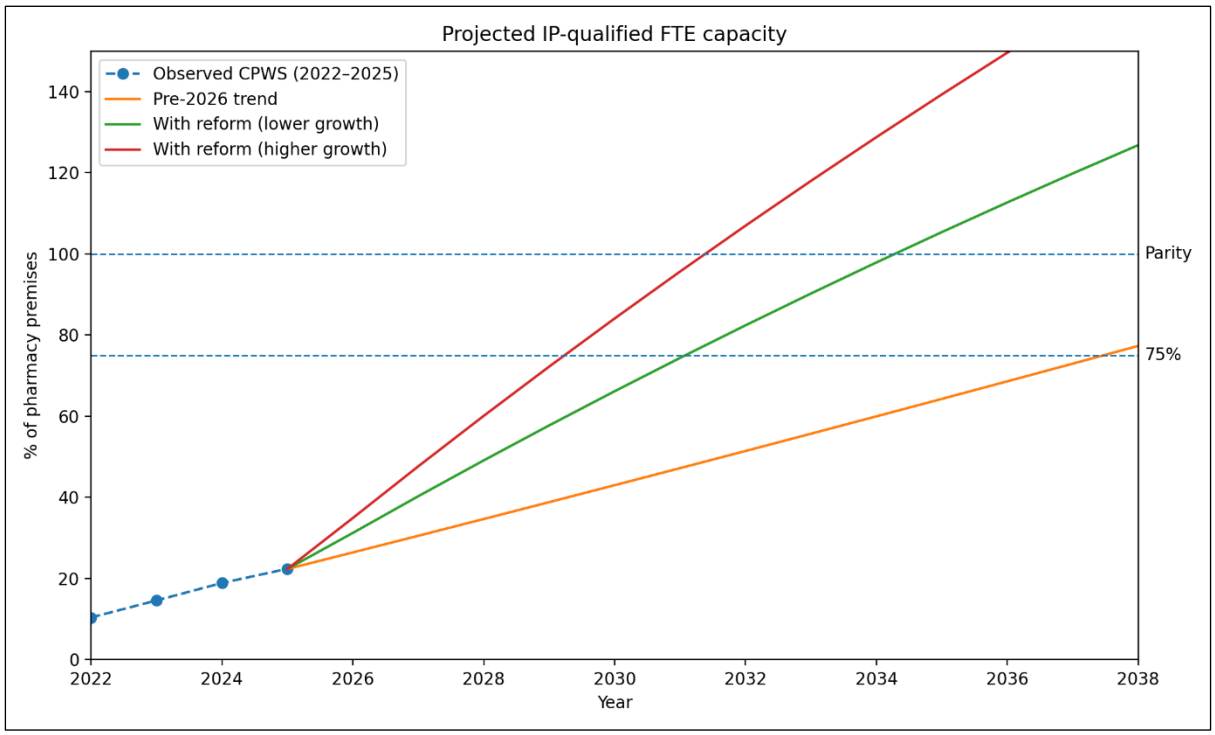


Figure 2: Projected pharmacist prescriber FTE capacity

Under the pre-2026 trend, the sector could reach 75% FTE capacity around 2037–2038. With the IETP reform, FTE capacity could increase much faster, reaching 75% around 2029–2031 and one FTE pharmacist prescriber per pharmacy around 2031–2034.

What this means for community pharmacy, commissioners, and the NHS

♦ Preparing pharmacies to deliver prescribing services

By the early 2030s, the growing pharmacist prescribing workforce could support a wider prescribing offer in community pharmacy. **Action is needed now to ensure pharmacies are ready to deliver.** Commissioners should put funded services and clear clinical pathways in place, while pharmacy owners prepare the staffing, systems and governance needed for delivery. Commissioning prescribing services early would give pharmacists opportunities to use and develop their skills, while allowing pharmacies to put in place the operational systems and support needed to deliver safely at scale.

♦ Making the most of the growing pharmacist prescribing workforce

The investment already made in training pharmacist prescribers will only translate into patient and system benefit if they have adequate funding, including funding for IT systems and integration with general practice and wider NHS systems, alongside appropriate governance and support to use their skills in practice. **Without sufficient commissioned services and opportunities to practise, prescribing skills may be underused and may deteriorate over time,** reducing pharmacists' confidence and readiness to prescribe and limiting the potential benefits for patients and the wider NHS.

♦ Enabling newly qualified pharmacist prescribers to practise safely

Newly qualified pharmacist prescribers entering the workforce will need appropriate support to use their prescribing skills safely and confidently in community pharmacy. This should include local induction, access to relevant patient records and prescribing systems, supervision or peer support, clear clinical pathways, agreed referral and escalation arrangements, and appropriate governance and quality monitoring.

♦ Improving access without widening inequalities

Community pharmacy is one of the most accessible parts of the NHS. Expanding prescribing could give more patients access to clinical assessment, prescribing decisions, and treatment locally, without needing a GP appointment. However, **national workforce growth alone does not guarantee equal access in every area.** Local commissioning and implementation will shape how quickly patients can access prescribing services – if commissioned services are unevenly distributed, some communities may benefit more than others, potentially widening existing inequalities in access to care. Commissioners should therefore use local population need and existing access gaps to guide service rollout and monitor uptake across different communities.

♦ Shifting appropriate care into community pharmacy

A larger pharmacist prescribing workforce could support a safe shift of suitable medicines-related care from general practice and other primary care services into community pharmacy. As prescribing services expand, pharmacists could support assessment, prescribing and follow-up for suitable patients in the community, **helping general practice and other primary care services** focus on patients with more complex needs.

Looking ahead

The IETP reform will create a sustained new route into independent prescribing, with the largest workforce gains expected later this decade and into the early 2030s. To make the most of this opportunity, groundwork is needed now so that pharmacies are ready to deliver prescribing services as the workforce grows. Infrastructure should be developed alongside the phased introduction, testing and monitoring of prescribing services. This will require services to be commissioned with sustainable payment models, alongside clear clinical pathways, practical support and the infrastructure needed for safe routine delivery. Building confidence among patients and other healthcare professionals will also be important. Without opportunities for pharmacist prescribers to use and develop their skills, the potential benefits for patients, pharmacies and the wider NHS may not be fully realised.

Methodology and assumptions

The projections in this brief are based on an indicative workforce stock–flow model estimating how pharmacist prescribing capacity in community pharmacy in England could change over time. The model compares the projected number of pharmacist prescribers working in community pharmacy with the projected number of pharmacy premises, producing a measure of potential prescribing capacity across the sector. The 2025 Community Pharmacy Workforce Survey is used as the baseline, and CPWS data from 2022 to 2025 are used to estimate historic trends.

Three trajectories are modelled:

1. **Pre-2026 trend:** assumes the pharmacist prescribing workforce continues to grow in line with average net annual growth observed between 2022 and 2025, without automatic prescribing qualification at registration.
2. **With reform (lower growth):** assumes a lower share of newly qualified pharmacists enter or remain in community pharmacy, alongside continued prescribing training among existing pharmacists.
3. **With reform (higher growth):** assumes a higher share of newly qualified pharmacists enter or remain in community pharmacy, alongside stronger continued prescribing training among existing pharmacists.

- The pre-2026 trend uses average annual growth of approximately 526 pharmacist prescribers and 420 pharmacist prescribing FTE per year, based on CPWS growth between 2022 and 2025.
- The reform scenarios use 2,969 potential new registrants per year as a proxy for newly qualified pharmacist supply, based on the latest completed registration assessment cycle [10, 11]. This is then adjusted for the proportion expected to enter community pharmacy and for those who may not be immediately eligible.
- In the lower-growth reform scenario, 35% of newly qualified pharmacists are assumed to enter or remain in community pharmacy. After the eligibility adjustment, this gives an estimated 935 newly qualified entrants in 2026, rising to 987 per year thereafter. The scenario also assumes that 400 existing pharmacists per year add to prescribing capacity through post-registration prescribing training.
- In the higher-growth reform scenario, 45% of newly qualified pharmacists are assumed to enter or remain in community pharmacy. After the eligibility adjustment, this gives an estimated 1,202 newly qualified prescribing entrants in 2026, rising to 1,269 per year thereafter. The scenario also assumes that 650 existing pharmacists per year add to prescribing capacity through post-registration prescribing training.
- FTE projections are derived using the 2025 CPWS pharmacist prescribing FTE-to-headcount ratio of 0.744. This converts projected headcount into estimated pharmacist prescribing workforce time.
- The reform scenarios apply a 3% annual attrition adjustment to the pharmacist prescriber headcount stock, reflecting movement out of community pharmacy, role changes, retirement and other exits.
- Pharmacy premises are modelled using a conservative annual decline assumption, based on recent NHSBSA pharmacy openings and closures data [12].
- The analysis uses a pharmacist prescribing workforce capacity ratio:

Pharmacist prescribers, or pharmacist prescriber FTE in community pharmacy ÷ total pharmacy premises

Limitations

- The model estimates pharmacist prescribing workforce capacity, not active NHS prescribing. Some pharmacist prescribers may not be using their prescribing qualification, or may be using it outside NHS commissioned community pharmacy services.
- The model does not account for regional distribution, clustering within employers or service models, locum and multi-site working, maternity or sickness absence, or local commissioning variation.
- The reform scenarios rely on assumptions about how many newly qualified pharmacists enter or remain in community pharmacy, how many are immediately eligible, and how many existing pharmacists complete prescribing training.
- The model uses the latest completed registration assessment cycle as a proxy for newly qualified pharmacist supply. This is not the same as confirmed entrants into England's community pharmacy workforce.

- The number of community pharmacy premises is projected using a simple decline assumption. Future pharmacy openings, closures or policy changes could shift the projected milestone dates.
- The analysis does not distinguish between bricks-and-mortar and distance-selling pharmacies.

Data sources

[1] NHS England. *Community Pharmacy Workforce Survey dataset*. Data.gov.uk.
[2] General Pharmaceutical Council. *Standards for the education and training of pharmacist independent prescribers*. October 2022.
[3] Community Pharmacy Scotland. *NHS Pharmacy First Plus*.
[4] Community Pharmacy Wales. *Pharmacist Independent Prescribing Service: Common Ailments and Contraception*.
[5] Julian S, Morris J and Scobie S. *Independent prescribing in the UK: Workforce ambitions and implementation challenges*. Nuffield Trust; April 2026.
[6] Department of Health and Social Care. *Community Pharmacy Contractual Framework: financial year 2026 to 2027*. 2026.
[7] General Pharmaceutical Council. *Common Registration Assessment framework for sittings in 2026*. 2025.
[8] The Pharmaceutical Journal. *Community pharmacist independent prescribers increased by one-third from 2023 to 2024, workforce survey shows*. 1 July 2025.
[9] The Pharmaceutical Journal. *Number of independent prescribers rose by 37% in 2023, reveals NHS workforce survey*. 7 October 2024.
[10] General Pharmaceutical Council. June 2025 registration assessment results.
[11] General Pharmaceutical Council. November 2025 Common Registration Assessment results.
[12] NHSBSA. *Pharmacy Openings and Closures*. NHSBSA Open Data Portal.

Authorship and acknowledgements

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About the NPA

The National Pharmacy Association represents independent community pharmacies across the UK. It supports pharmacy teams through professional services, training, and advice, and advocates for the role of community pharmacy in improving patient care and access to medicines.