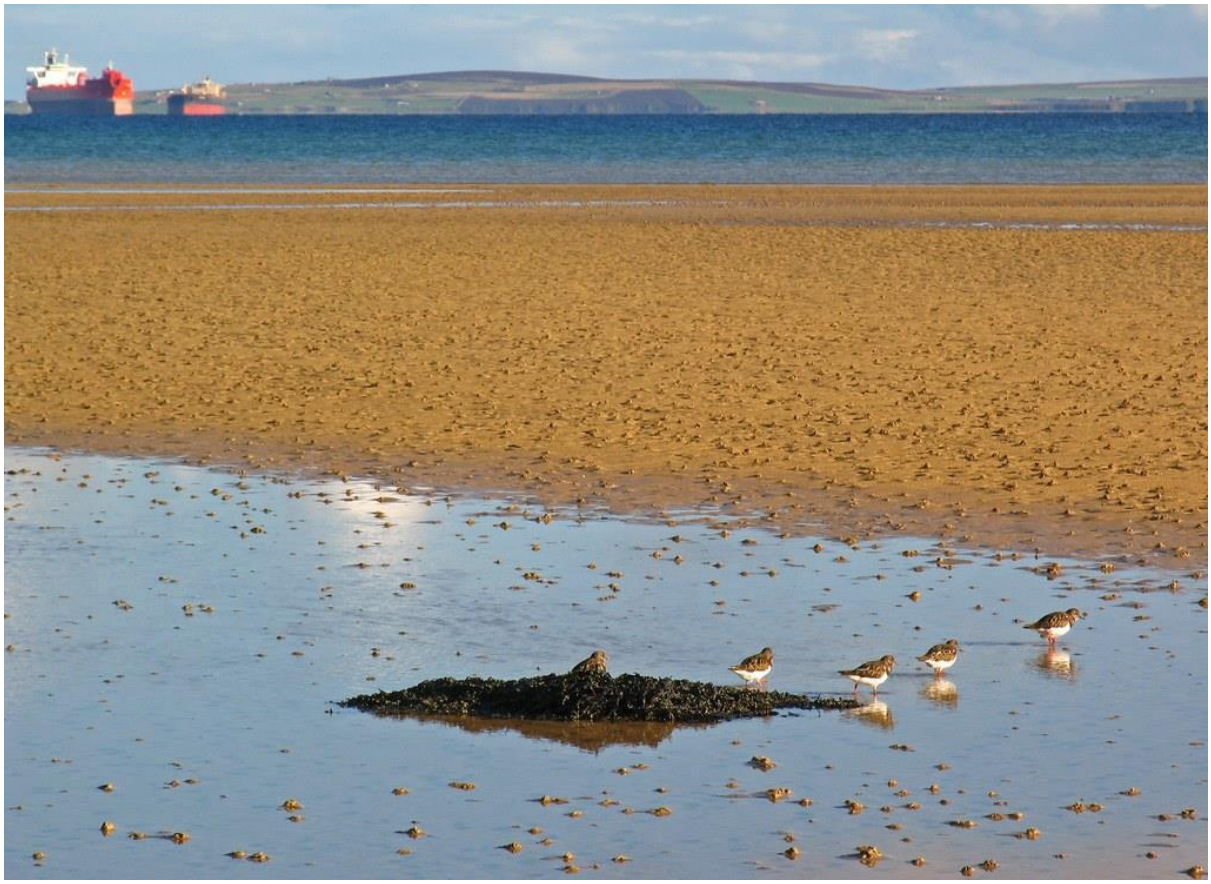
HIPER ALERT Newsletter #12 Summer 2026

HIPER
Highland & Islands Pharmacy Education & Research
NHS Highland NHS Orkney NHS Shetland NHS Eileanan Siar Western Isles

Newsletter Issue #12



- What's New?
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School Initiative: The Zombitis Escape Room.

What started as a work experience project has grown into an exciting and innovative way of introducing young people to pharmacy careers.

The **Zombitis Escape Room** was originally developed with the invaluable support of an S6 pupil from Culloden Academy who was completing a work experience placement with NHSH/HIPER.

Working alongside the team, she helped shape the concept, develop ideas and bring creativity and enthusiasm to the project at a very early stage. Seeing a school pupil contribute so meaningfully to a project designed to inspire future healthcare careers has

been a fantastic example of the impact work experience opportunities can have. Her contribution has been truly remarkable, particularly at such an early stage in her own pharmacy journey.

Designed to raise awareness of the wide range of roles within pharmacy, the escape room challenges S2 pupils to become the Pharmacy Emergency Response Team and stop an outbreak of the fictional virus *Zombitis-26*. Working against the clock, pupils move through four interactive stations where they diagnose a patient, develop a cure, calculate safe medicine doses and dispense treatment safely. Each challenge highlights a different aspect of pharmacy practice while linking directly to school science, maths and teamwork skills.

The activity was created in response to ongoing workforce challenges facing pharmacy, particularly in rural and remote communities where recruitment and retention remain difficult. By engaging pupils before they make subject choices, the project aims to increase awareness of pharmacy careers and showcase the diverse opportunities within the profession.

The pilot session involved eighteen S2 pupils and received overwhelmingly positive feedback. Participants reported an average satisfaction score of **4.3 out of 5**, with 83% rating the experience 4 or 5 out of 5.

Importantly, 72% of pupils had little or no prior awareness that pharmacists undertake this kind of work, highlighting the value of early career engagement activities. Many pupils particularly enjoyed the medicine dispensing and teamwork elements.

The success of the escape room demonstrates how creative, hands-on learning can help young people understand the breadth of pharmacy careers while supporting future workforce development. The team hopes to continue refining the resource, expand delivery to additional schools, and explore its potential to encourage more young people to consider pharmacy as a future career.

A huge thank you goes to everyone involved in developing and delivering the project, particularly our S6 work experience student whose ideas, enthusiasm and hard work helped bring Zombitis to life.

We look forward to seeing where her pharmacy career takes her next.

Education & Training Updates.

Experiential Learning student feedback 2025/26.

A big thank you to all teams who welcomed experiential learning students during 2025/26 and helped showcase pharmacy careers across Highland, Orkney, Shetland and Western Isles.

Feedback from NHS Highland placements was very positive, with students describing teams as welcoming, supportive and approachable. Early feedback showed that 100% of students who responded would recommend Highland Primary Care and Raigmore Hospital placements to their peers (27 respondents).

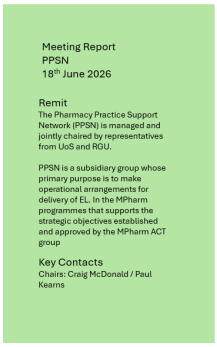
Students particularly valued clear communication, structured timetables, supported learning opportunities and regular feedback. They also highlighted the benefits of friendly, smaller teams and access to IT systems, which helped support more independent learning.

From semester 1, the following colleagues were nominated by students for making a stand-out valuable contribution to experiential learning placements:

Site details	Team member name
NHS Western Isles Primary Care Pharmacy	Sarah Anderson
Western Isles Hospital	Rebekah Murray
Gilbert Bain Hospital	Simon Boyd
Addictions, Prison and Police Custody	Rory MacLean and Bruce Davidson
Caithness General Hospital	Anna Falconer
NHS Highland Headquarters, Assynt House	Gayle MacDonald
Raigmore Hospital	Alison MacDonald
Raigmore Hospital	Alison MacDonald
Raigmore Hospital	Catriona Wheelan
Raigmore Hospital	Damon Horn and Christopher Bland
Raigmore Hospital	Maggie
Raigmore Hospital	Mairi Dunbar
Raigmore Hospital	Michael Hunter

Experiential Learning 2026/27.

Planning is now underway for the 2026/27 experiential learning (EL) placements. Within HIPER, we are looking at ways to further support placements, including restarting case presentation sessions. Gemma Headspeath will be in touch with facilitators to help co-ordinate this.

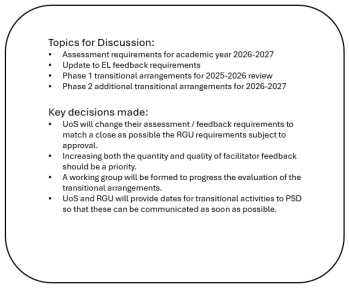


Meeting Report
PPSN
18th June 2026

Remit
The Pharmacy Practice Support Network (PPSN) is managed and jointly chaired by representatives from UoS and RGU.

PPSN is a subsidiary group whose primary purpose is to make operational arrangements for delivery of EL. In the MPharm programmes that supports the strategic objectives established and approved by the MPharm ACT group

Key Contacts
Chairs: Craig McDonald / Paul Kearns



Topics for Discussion:
- Assessment requirements for academic year 2026-2027
- Update to EL feedback requirements
- Phase 1 transitional arrangements for 2025-2026 review
- Phase 2 additional transitional arrangements for 2026-2027

Key decisions made:
- UoS will change their assessment / feedback requirements to match a close as possible the RGU requirements subject to approval.
- Increasing both the quantity and quality of facilitator feedback should be a priority.
- A working group will be formed to progress the evaluation of the transitional arrangements.
- UoS and RGU will provide dates for transitional activities to PSD so that these can be communicated as soon as possible.

Dates for the university-hosted EL transitional activities are currently being reviewed. These sessions require facilitators from practice, and requests will be shared by PSD in due course.

Students currently complete nine weeks of EL across their four-year degree. Although there had been national discussion about increasing this to 11 weeks, it has been agreed that the current focus will remain on delivering high-quality nine-week EL provision, recognising the ongoing financial and workload pressures across practice settings.

PFEL - Preparation for Facilitating Experiential Learning.

Planning is now underway for the ***Preparation for Facilitating Experiential Learning (PFEL)*** sessions for the 2026/27 academic year.

Firstly, I would like to extend my sincere thanks to everyone who contributed to the delivery of PFEL in 2025/26.

I would also like to invite colleagues who may be interested in becoming involved in facilitating these events in the year ahead. Please consider whether this opportunity may be of interest to you, or if there is a member of your team who would benefit from this valuable development experience.

Last year, we successfully delivered six PFEL sessions, training 171 new facilitators. Feedback was extremely positive, with 99% of participants agreeing or strongly agreeing that the quality of the training was good. This achievement would not have been possible without the expertise and commitment of our trainers.

We are planning to deliver a further six sessions in 2026/27. If you would like to be involved, please complete the PFEL Trainer availability 2026/27 form, indicating your availability by **Friday 24th July 2026**.

Once responses have been collated, I will be in touch to confirm session allocations.

In addition, we are planning to host a preparatory session in advance of PFEL delivery. This will provide an opportunity to review scenarios and resources, ask questions, and support peer discussion.

If you are able to attend, please indicate your availability via the form, and a meeting invitation will be shared accordingly.

If you have any questions or would like a bit more information about what is involved, please do not hesitate to get in touch.

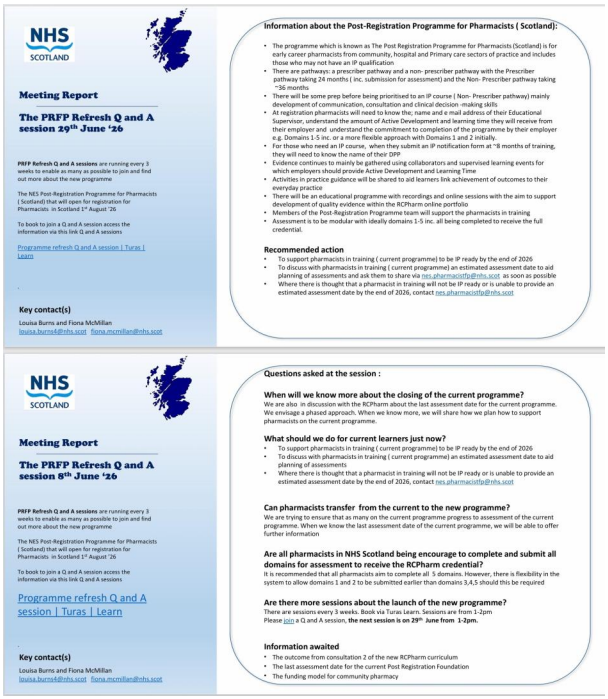
Thank you once again for your continued support in the delivery of experiential learning.

Kind regards,

Sarah Clark

Senior Educator ACTp | Public Services Delivery Scotland

Post Registration Programme for Pharmacists (Scotland)



NHS SCOTLAND

Meeting Report

The PRFP Refresh Q and A session 29th June '26

PRFP Refresh Q and A sessions are running every 3 weeks to enable as many as possible to join and find out more about the new programme

The NES Post-Registration Programme for Pharmacists (Scotland) that will open for registration for Pharmacists in Scotland 1st August '26

To book to join a Q and A session access the information via this link Q and A sessions

Programme refresh Q and A session | Turas | Learn

Key contact(s)

Louisa Burns and Fiona McMillan
louisa.burns4@nhs.scot fiona.mcmillan@nhs.scot

Information about the Post-Registration Programme for Pharmacists (Scotland):

- The programme which is known as The Post Registration Programme for Pharmacists (Scotland) is for early career pharmacists from community, hospital and Primary care sectors of practice and includes those who may not have an IP qualification
- There are pathways: a prescriber pathway and a non- prescriber pathway with the Prescriber pathway taking 24 months (inc. submission for assessment) and the Non- Prescriber pathway taking ~36 months
- There will be some prep before being prioritised to an IP course (Non- Prescriber pathway) mainly development of communication, consultation and clinical decision -making skills
- At registration pharmacists will need to know the; name and e mail address of their Educational Supervisor, understand the amount of Active Development and learning time they will receive from their employer and understand the commitment to completion of the programme by their employer e.g. Domains 1-5 inc. or a more flexible approach with Domains 1 and 2 initially.
- For those who need an IP course, when they submit an IP notification form at ~8 months of training, they will need to know the name of their DPP
- Evidence continues to mainly be gathered using collaborators and supervised learning events for which employers should provide Active Development and Learning Time
- Activities in practice guidance will be shared to aid learners link achievement of outcomes to their everyday practice
- There will be an educational programme with recordings and online sessions with the aim to support development of quality evidence within the RCPharm online portfolio
- Members of the Post-Registration Programme team will support the pharmacists in training
- Assessment is to be modular with ideally domains 1-5 inc. all being completed to receive the full credential.

Recommended action

- To support pharmacists in training (current programme) to be IP ready by the end of 2026
- To discuss with pharmacists in training (current programme) an estimated assessment date to aid planning of assessments and ask them to share via nes.pharmacistfp@nhs.scot as soon as possible
- Where there is thought that a pharmacist in training will not be IP ready or is unable to provide an estimated assessment date by the end of 2026, contact nes.pharmacistfp@nhs.scot

NHS SCOTLAND

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Questions asked at the session :

When will we know more about the closing of the current programme?
We are also in discussion with the RCPharm about the last assessment date for the current programme. We envisage a phased approach. When we know more, we will share how we plan how to support pharmacists on the current programme.

What should we do for current learners just now?

- To support pharmacists in training (current programme) to be IP ready by the end of 2026
- To discuss with pharmacists in training (current programme) an estimated assessment date to aid planning of assessments
- Where there is thought that a pharmacist in training will not be IP ready or is unable to provide an estimated assessment date by the end of 2026, contact nes.pharmacistfp@nhs.scot

Can pharmacists transfer from the current to the new programme?
We are trying to ensure that as many on the current programme progress to assessment of the current programme. When we know the last assessment date of the current programme, we will be able to offer further information

Are all pharmacists in NHS Scotland being encourage to complete and submit all domains for assessment to receive the RCPharm credential?
It is recommended that all pharmacists aim to complete all 5 domains. However, there is flexibility in the system to allow domains 1 and 2 to be submitted earlier than domains 3,4,5 should this be required

Are there more sessions about the launch of the new programme?
There are sessions every 3 weeks. Book via Turas Learn. Sessions are from 1-2pm
Please join a Q and A session, **the next session is on 29th June from 1-2pm.**

Information awaited

- The outcome from consultation 2 of the new RCPharm curriculum
- The last assessment date for the current Post Registration Foundation
- The funding model for community pharmacy

Advanced Pharmacists.

NHSH MDT Advanced Practice Conference in Inverness

June saw the first NHS Highland MDT Advanced Practice conference. It was inspiring to see such strong engagement from colleagues across disciplines, services and across NHSH and beyond, all coming together to celebrate and showcase the impact of advanced practice. The presentations, workshops and posters highlighted innovation, leadership, education, research and clinical excellence, demonstrating the value of advanced practice across all four pillars.

Colleagues from pharmacy attended and submitted posters. (see below)

Jen and Jo held a workshop on Education, highlighting the importance of supervision both of others and your own practice.

Plastering over the cracks? A review of lidocaine 5% plaster prescribing in Raigmore Hospital.

Alyson Warren, Care of the Elderly Pharmacist, Raigmore Hospital, Inverness

Introduction

Lidocaine 5% medicated plasters are licensed for the treatment of post-herpetic neuralgia and are also used off-label in palliative care settings.

They are not included in the NHS Highland formulary and are classified by the Scottish Government as a medicine of limited clinical effectiveness[1].

Despite these restrictions, prescribing within NHS Highland continues to increase, consistently featuring in non-formulary prescribing reports.

A previous formulary application proposing use in frail patients where first-line analgesics are unsuitable was unsuccessful.

Aim

To support formulary resubmission through analysis of current lidocaine plaster prescribing.

Method

A pharmacist-led review of lidocaine plaster prescribing was conducted at Raigmore Hospital over a four-week period in March 2026.

All in-patients prescribed a lidocaine plaster were identified using the electronic prescribing system and included in the review.

A data collection tool was developed to capture patient demographics, prescribing patterns and outcomes following pharmacist review.

Outcomes measured

- The proportion of patients prescribed lidocaine 5% plasters with an indication compliant with national prescribing guidance[1]
- Documentation of efficacy and review of therapy
- Pharmacist intervention rate and type of intervention

Results

A total of 24 patients were identified during the study period. Patients had a mean age of 78 years (range 50–95) and 19 (79%) were female.

All patients were admitted under general medicine, of which 7 were oncology patients.

All prescribing was for non-licensed indications (see Table 1), with oncology patients typically applying plasters at sites of bone metastases.

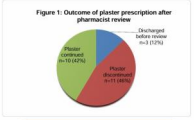
Table 1 – Indications for lidocaine plaster prescription

Indication Group	Examples of indication	n (%)
Non-specific musculoskeletal / back pain	Lumbar back pain, knee pain	9 (38)
Spinal pathology / fractures	Compression fractures, new and old Lumbar spine degeneration	7 (29)
Malignancy-related pain	Pelvic, spinal and bone metastases, tumour related neck pain	4 (17)
Neuropathic pain	Leg and hip neuropathic pain	2 (8)
Other	Discitis, fibromyalgia	2 (8)

Plaster prescribing and review

- Plasters were initiated prior to admission in 13 patients and during inpatient admission in 11 patients.
- Most patients applied one plaster (n=19, 79%), with 4 patients applying two plasters simultaneously and 1 patient applying it "as required".
- Prescription duration ranged from 1 week to 26 months.
- All patients were co-prescribed additional analgesia, most commonly paracetamol and oxycodone.
- Pain control was routinely reviewed and documented; however, only one case included specific reference to lidocaine plasters.

Figure 1: Outcome of plaster prescription after pharmacist review



Pharmacist review of patient:
- 46% of lidocaine plasters discontinued
- No additional analgesia prescribed
- 100% of oncology patients reported benefit

Conclusion

- Lidocaine 5% plaster prescribing for unlicensed indications remains common within NHS Highland despite non-formulary status, lack of robust clinical evidence and cost.
- Many patients remain on lidocaine plasters without evidence of formal documented review for efficacy.
- Patient review findings suggest limited effectiveness in non-neuropathic pain.

Recommendations

- ✓ ~~Im~~plement timely, structured patient reviews to assess efficacy
- ✓ Discontinue plaster if no benefit
- ✓ Restrict use to licensed and palliative indications
- ✓ Develop clear prescribing guidelines and formulary status
- ✓ ~~In~~volve pharmacists to support cost-effective prescribing
- ✓ Educate prescribers on licensed status and evidence base

Reference

1. Scottish Government, December 2024. Prescribing Guidance for Medicines of Low or Limited Clinical Value - Medicines - achieving value and sustainability in prescribing: guidance - gov.scot

NHS Highland na Gàidhealtachd

Evaluation of non-HIV Pneumocystisis Jirovecii pneumonia (PJP) incidence; risk factors; antimicrobial and corticosteroid treatment; and prophylactic prescribing, in NHS Highland

Catriona Wheelan[1], Liam Allan[2], Dr Peter Melville[3], Dr Anne-Marie Shanks[3]

1-Pharmacy, NHS Highland; 2- Physician Associate Respiratory, NHS Highland; 3- Respiratory Department, NHS Highland

NHS Highland na Gàidhealtachd

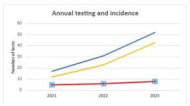
Background

Pneumocystisis jirovecii pneumonia (PJP) is a rare, life-threatening opportunistic infection.

Historically linked to HIV, it is increasingly seen in non-HIV immunocompromised patients, due to disease or drug related factors.

Mortality is significantly higher in non-HIV patients (40-60%).

There is limited national guidance and currently no unified NHS Highland guideline for PJP treatment or prophylaxis.

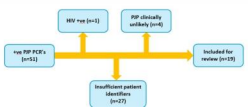


Aims

- To characterise patient populations at risk of developing non-HIV PJP
- To evaluate current practice in diagnosis of PJP, and in initiating antimicrobial therapy and adjunctive steroids
- To support the development of best practice guidelines for first line treatment pathways, and identifying high risk patient groups for prophylaxis of PJP

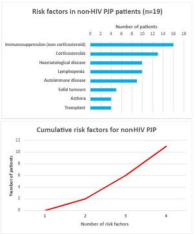
Methods

- Laboratory data from 2021-2024 were screened to identify positive PJP PCR (polymerase chain reaction) results
- 51 positive PJP PCR
- 19 suitable for inclusion
- Retrospective review of patient records to collect data on risk factors, diagnosis, treatment and outcomes



Results

- Risk factors for non-HIV PJP were consistent with those reported in the literature, with immunosuppressant drugs most frequently noted (16 patients)
- Chronic corticosteroid use was seen in 13 patients (68%)
- Risk of PJP appeared to correlate with the number of risk factors



Median time to treatment = 3 days
Median time to confirmed diagnosis = 5 days

26% (n=5) were switched to 2nd line therapy due to high K^+, low Na^{2+} and AKI

100% (n=19) started appropriate 1st line treatment (co-trimoxazole)

84% (n=16) prescribed appropriate dose/duration

26% (n=5) were switched to 2nd line therapy due to high K^+, low Na^{2+} and AKI

Adjunctive steroids were used in 89% (n=19)

Deranged electrolytes occurred between Day 4 and Day 9

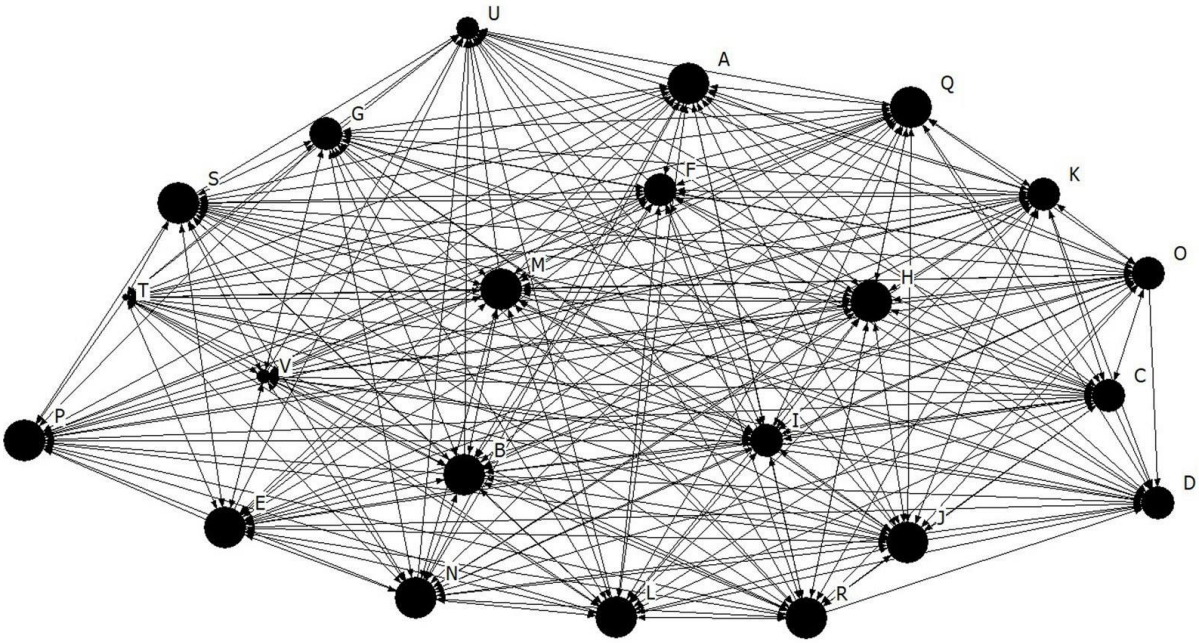
63% (n=12) patients were alive at 30 days.
Of the patients who survived, 3 were discharged without PJP prophylaxis

37% (n=7) patients died within 30 days of diagnosis

Discussion

- Cumulative immunosuppression must be considered a risk factor for PJP
- Corticosteroid exposure equivalent to 20mg daily prednisolone (or equivalent) for >4 weeks is an under recognised immunosuppressant risk

NHSH Advanced Practice Network



The NHSH Advanced Practice Network continues to provide a welcoming community of practice for current and aspiring advanced practitioners. The network meets virtually twice a month, offering engaging speakers, shared learning opportunities, and support for professional development across disciplines.

For more information please contact Liam Allan liam.allan@nhs.scot

PHOENIx (Pharmacist Homeless Outreach Engagement Non medical Independent prescribing)

PHOENIx (Pharmacist Homeless Outreach Engagement Non medical Independent prescribing) trail intervention period came to an end in May after 15 months.

We recruited to target and achieved follow up rates of over 90% which was no mean feat in this population which are often complex and "hard to reach" .

We very much appreciate the opportunity given to us by the research team from the University of Edinburgh and thank them for coming to Highland and opening a site here. We have loved the experience of getting to participate in a large RCT - engaging more widely with local clinical and third sector services.

Thanks also goes to the DARS Homeless Team (Dr Dallas, Sally & Linda) - for expert support, clinical guidance and a warm and inclusive approach to working with us on this project. Likewise, thanks to the wider DARS service for their support in setting this up and getting it off the ground.

The New Start team, Cafe 1668, and Inverness Food stuffs, have all been critical to the running of the project and thanks to the RDI team whose efficiency and knowledge we've leaned on a lot during the course of running the study.

For Jen, participation in PHOENIX has been one of the highlights of her time in HIPER so far, and she leaves with many fond memories of the colleagues, partners and participants who made the project such a rewarding experience.

Prior to the end of the trail in March Jen had the opportunity to support colleagues from the PHOENIx trial team at the EAHP Congress in Barcelona, where they delivered an interactive workshop focused on homelessness, health inequalities and the role of pharmacy professionals in improving outcomes for people experiencing severe and multiple disadvantage.

The session showcased collaborative research, innovative models of care and the value of pharmacy-led approaches to tackling some of the most complex healthcare challenges. It was a great opportunity to network with colleagues from across Europe and learn about innovative approaches to pharmacy practice and research.

A particular highlight was a presentation exploring the influence of cultural beliefs on medication adherence, which reinforced the importance of understanding each patient's individual perspective when supporting them with their medicines.

Non-traditional routes to HCP degree - a scoping review

As part of his SCLF year working within the HIPER Team in NHSH, Steven Bamford undertook a commission from the National Pharmacy Workforce Forum to complete a scoping review of alternative options to the traditional MPharm degree. The Report from that work was

submitted to the NPWF as part of one of the seven commission "Exploring widening access to pharmacist registration".

International Journal of Pharmacy Practice, 2026, 00, 1–13
https://doi.org/10.1093/ijpp/riag032
Advance access publication 16 March 2026
Review Article

IJPP International Journal of Pharmacy Practice OXFORD

Non-traditional routes to healthcare professional degree with relevance to pharmacy in Great Britain: a scoping review

Steven Bamford[1] and Gordon F. Rushworth[2,3,*]

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E-mail: ext.rushworth1@rgu.ac.uk

Abstract

Objectives: **Workforce shortages cause disparity in access to health care for patients. Exploring non-traditional (off campus) routes to healthcare professional degree may widen access to professional registration. The aim of this scoping review is to explore the published literature describing non-traditional routes to healthcare professional degree, with relevance to pharmacy degree education.**

Methods: **A systematic search of the international literature was conducted using four electronic databases (Medline, Embase, Education Resources Information Center, and Cumulative Index to Nursing and Allied Health Literature). Articles were eligible for inclusion if they were published in English and comprehensively described non-traditional routes to healthcare professional degree. Articles were collated and tabulated to facilitate a narrative analysis of the non-traditional routes found.**

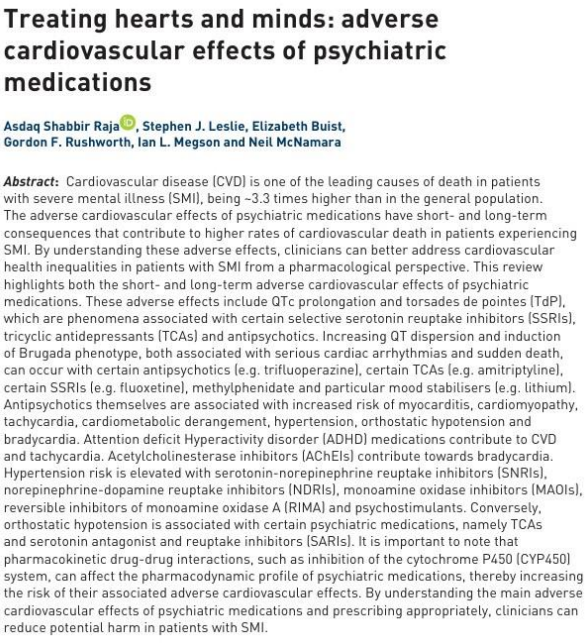
Key findings: **There were eight non-traditional routes to healthcare professional degree found in the literature ($n = 35$) across five countries. These were: online and digital; hub and spoke; community-based distance education; degree apprenticeship; academic medical centre; articulation; accelerated degree; and longitudinal. Most papers related to the apprenticeship route ($n = 14$) and medical profession ($n = 19$). The main barriers to implementation included: regulatory and infrastructure complexity, adequate resources (staff recruitment; financial; technology), lack of targeted student selection & support, and cultural resistance. Facilitators included collaborative partnerships, adequate resources (technical support; funding; staffing), community engagement and need, targeted student selection, and measuring and sharing outcomes.**

Conclusions: **This review found that the following non-traditional routes offer the most in terms of flexible degree-level programmes to enhance current provision of pharmacy degree programmes: online and digital; community-based distance education; and longitudinal placements. All future non-traditional approaches to pharmacy degree should be evaluated and published.**

Keywords pharmacy education; professional education; curriculum; distance education

Review of cardiovascular effect of psychiatric medication

Prior to her recent retirement, Elizabeth Buist was Advanced Clinical Pharmacist in Psychiatry at New Craigs Hospital in Inverness, with an honorary appointment at UHI. She was primarily involved with research into the genetic causes of schizophrenia but was also involved in the completion of this review article providing a high level clinical summary of the cardiovascular and metabolic effects of psychiatric medication.



Treating hearts and minds: adverse cardiovascular effects of psychiatric medications

Asdaq Shabbir Raja, Stephen J. Leslie, Elizabeth Buist, Gordon F. Rushworth, Ian L. Megson and Neil McNamara

Abstract: Cardiovascular disease (CVD) is one of the leading causes of death in patients with severe mental illness (SMI), being ~3.3 times higher than in the general population. The adverse cardiovascular effects of psychiatric medications have short- and long-term consequences that contribute to higher rates of cardiovascular death in patients experiencing SMI. By understanding these adverse effects, clinicians can better address cardiovascular health inequalities in patients with SMI from a pharmacological perspective. This review highlights both the short- and long-term adverse cardiovascular effects of psychiatric medications. These adverse effects include QTc prolongation and torsades de pointes (TdP), which are phenomena associated with certain selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and antipsychotics. Increasing QT dispersion and induction of Brugada phenotype, both associated with serious cardiac arrhythmias and sudden death, can occur with certain antipsychotics (e.g. trifluoperazine), certain TCAs (e.g. amitriptyline), certain SSRIs (e.g. fluoxetine), methylphenidate and particular mood stabilisers (e.g. lithium). Antipsychotics themselves are associated with increased risk of myocarditis, cardiomyopathy, tachycardia, cardiometabolic derangement, hypertension, orthostatic hypotension and bradycardia. Attention deficit Hyperactivity disorder (ADHD) medications contribute to CVD and tachycardia. Acetylcholinesterase inhibitors (AChEIs) contribute towards bradycardia. Hypertension risk is elevated with serotonin-norepinephrine reuptake inhibitors (SNRIs), norepinephrine-dopamine reuptake inhibitors (NDRIs), monoamine oxidase inhibitors (MAOIs), reversible inhibitors of monoamine oxidase A (RIMA) and psychostimulants. Conversely, orthostatic hypotension is associated with certain psychiatric medications, namely TCAs and serotonin antagonist and reuptake inhibitors (SARIs). It is important to note that pharmacokinetic drug-drug interactions, such as inhibition of the cytochrome P450 (CYP450) system, can affect the pharmacodynamic profile of psychiatric medications, thereby increasing the risk of their associated adverse cardiovascular effects. By understanding the main adverse cardiovascular effects of psychiatric medications and prescribing appropriately, clinicians can reduce potential harm in patients with SMI.

Pharmacy Technician Update

Pre-Registration Trainee Pharmacy Technician (PTPT's)

Pre-registration Trainee Pharmacy Technician (PTPT) success.

An excellent six months for PTPT completers. The following PTPTs have successfully achieved the following:

-Diploma in Pharmacy Services with West College Scotland (WCS) (2 year course)

💐 **Maya Darrel-Hewins (Gilbert Bain, NHS Shetland)**

💐 **Caitlin Young (Lochaber HHSCP Primary Care North)**

💐 **Jillian Tyronney (Inverness Team B, HHSCP Primary Care North)**

💐 **Kathyrn Green (Inverness Team C, HHSCP Primary care North)**

💐 **Natalia Nowobilska (Raigmore, NHS Highland)**

💐 **David Winter (Raigmore, NHS Highland)**

💐 **Donna-Marie Leask (Primary Care, NHS Shetland).**

💐 **Lucy Petrie (Western Isles Hospital, NHS Western Isles)**

💐 **Kathleen 'Beenie' Mackenzie (Western Isles Hospital, NHS Western Isles)**

-Pharmacy Technician Training Programme (PTTP) with Buttercups Training (2 year course)

💐 **Emily Caswell (Helensburgh Hub HSCP, Argyll & Bute)**

All of the above are now GPhC registered (or in the process of registering) as pharmacy technicians.

All remain working in NHS Highlands and Islands.

Congratulations all for your excellent attitude towards your learning & development and your success!

Thanks as always to the fantastic team of work-based assessors and workplace supervisors that support learners on these respective programmes.

PTPTs (pre-registration trainee pharmacy technicians) currently in training.

NHS Highlands and Islands currently have 8 PTPTs undertaking the WCS Diploma in Pharmacy Services and 3 PTPTs undertaking the Buttercups PTTP course to give a total of 11 PTPTs in active training.

A warm welcome to our newest PTPT recruit

👏 **Andrew Manson** (Gilbert Bain, NHS Shetland)

Andrew is working with work-based assessor Wendy Mudie and has made a stellar start to his course with excellent progress to date.

Growth: The 2026 PTPT pipeline expects to see one new PTPT for Caithness General Hospital, NHS Highland in the September 2026 intake. Interviews took place recently and a successful appointment was made. This candidate is currently going through the recruitment process. A formal welcome in the HIPER newsletter will follow in due course.

It is very likely that there will be a larger intake of PTPTs in the WCS April ’27 intake across various sectors and workplaces.

Foundation Pharmacy Technicians (FPT's).

Foundation Pharmacy Technicians (FPTs) success

🎉 **Nicola Tait** (Primary Care, NHS Orkney) becomes **NHS Highlands and Islands' very first Vocational Training Foundation Programme for Pharmacy Technicians (VTFPPT) completer.** This is an incredible achievement and Nicola overcame several challenges with the course which is testament to her determination and desire to succeed.

The VTFPPT is designed to increase confidence, competence and capabilities of pharmacy technicians, developing skills and knowledge to help achieve national strategies and provide confidence in the profession within the wider healthcare community and general public.

Nicola was supported by her tutor, Lyndsay Steel (Lead General Practice Pharmacist). First class work Nicola and Lyndsay!

Foundation Pharmacy Technicians (FPTs) enrolled on the VTFPPT

There are currently **21 FPTs** across NHSHIs who are working through the VTFPPT (Vocational Training Foundation Programme for Pharmacy Technicians)

The majority of FPTs continue to make solid progress and are making the most of the support offered to them and their work based tutors from Sarah Railton in her role as VTFPPT Champion for NHS Highlands and Islands.

- **For those struggling to move forwards please take advantage of the support offered by Sarah. Support is bespoke and person-centred for FPTs and their tutors.**

FPTs are reminded to book onto the quarterly **Peer Review** sessions that are offered by PSD Scotland (formerly NES). The sessions are designed to support and empower FPTs and are suitable for both FPTs and work-based tutors.

We are still waiting for PSD Scotland to announce the roll out of the new VTFPPT (version 4). It is a significant improvement on the VTFPPT in its current form, being much leaner whilst maintaining the integrity and quality of the programme.

Growth: A warm welcome to the following FPTs who have joined in the June ’26 intake.

👏 **Kathyrn Green (Inverness Team C, HHSCP Primary Care North)**

👏 **Jillian Tyronney (Inverness Team B, HHSCP Primary Care North)**

👏 **Caitlin Young (Lochaber HHSCP Primary Care North)**

👏 **Donna-Marie Leask (Primary Care, NHS Shetland)**

👏 **David Winter (Raigmore, NHS Highland)**

👏 **Natalia Nowobilska (Raigmore, NHS Highland)**

Work Based Assessors (WBA's)

Work-Based Assessors (WBAs) success

The following WBAs have completed the L&D9DI (assessors' award) and this has not been without its challenges along the way. These WBAs took advantage of 'intense support' sessions provided by mentor-assessor Sarah Railton and all worked incredibly hard, showing determination and focus.

The total number of qualified active WBAs across all areas of NHS Highland and Islands is now 23.

Well-deserved congratulations to you all.

- **Karen Moore**
- **Jennifer Cowie**
- **Marie Sinclair**
- **Jenny Stewart**

This leaves us with **five** assessors-in-training (TWBAs) and the majority are taking advantage of support offered by Sarah Railton. Three of these TWBAs are very close to completing with just verification and final sign off remaining.

Expect to see more WBA successes soon.

Pharmacy Support Workers (PSW's)

Pharmacy Support Workers (PSWs) success:

Congratulations to the following 11 PSWs who have completed their SVQ in Pharmacy Services SCQF6:

- **Layla Sinclair- Primary Care, NHS Orkney**
- **Alana Milne- Gilbert Bain, NHS Shetland**
- **Danielle Moar- Balfour, NHS Orkney**
- **John 'JJ' Johnston- Raigmore, NHS Highland**
- **Thomas Mills- Raigmore, NHS Highland**
- **Emma McNaught- Raigmore, NHS Highland**
- **Noah Carson- Raigmore, NHS Highland**
- **Agnieszka Mackinnon- Lochaber, HHSCP Primary Care North**

💐 **Skye McIntosh- Inverness Hib, HHSCP Primary Care North**

💐 **Lucy Petty- Helensburgh Hub, HSCP Argyll & Bute**

💐 **Athira Shenoj- Gilbert Bain, NHS Shetland**

All have worked very hard and several of these PSWs are a first for their workplaces, leading the way for others to follow in their footsteps. Well done all!

PSWs currently in training:

Welcome to our newest PSWs undertaking the SVQ in Pharmacy Services SCQF6.

👏 **Calum Sutherland**- Raigmore, NHS Highland

👏 **Stephen Sanders**- Raigmore, NHS Highland

👏 **Honor Brown**- Raigmore, NHS Highland

👏**Sarah Atkins**- Caithness General Hospital, NHS Highland

👏**Zara Wharton-Baum**- Gilbert Bain, NHS Shetland

It is great to have you all on board.

This now takes **NHSHIs PSWs-in-training numbers to nine** at this point in time.

Officially, Sarah Railton's role is an advisory one for PSWs; they are nonetheless being actively supported by her as she works with PSWs directly and also their assessors/TWBAs.

Growth: PSWs remain an area of active growth and with confirmation of two more SVQ6 PSWs for the September '26 West College Scotland intake and plenty more in the pipeline for the February '27 intake.

Other Pharmacy Technician News.

A significant number of pharmacy technicians from across every sector and board recently attended a remote '**Overview of Simulation**' (organised by Sarah Railton) with presenters Scott McColgan-Smith and Mairi Ward. This generated a lot of interest from attendees keen to undertake this training. Sarah Railton is gathering names of those interested with a view to organising in-person Tier 1 training sessions. A second prompt email will follow at the end of the summer break.

Please contact Sarah Railton sarah.railton@nhs.scot for any pharmacy technician IET needs you may have.

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