

# **Association of Pharmacy Technicians United Kingdom**

# Pharmacy Technician Associate, Devolved Countries - Scotland - Role Specification

Managed by: National Officer for Scotland Accountable to: The membership of APTUK Responsible to: The Board of Directors of APTUK

#### **Main Duties:**

#### External

- Act as an APTUK advocate and promote the work of APTUK and encourage membership.
- Engage with devolved countries pharmacy technicians and APTUK members to ensure APTUK consultations responses and professional leadership is fully represented.
- Develop relationships with APTUK partner organisation and specialist groups for the benefit of members and the wider pharmacy technician profession.
- Act as APTUK's Pharmacy Technician representative at external stakeholder events and meetings as requested.
- Produce written reports when attending external stakeholder events and meetings. These must be shared with relevant workstreams.
- Contribute to APTUK's responses to external consultations and any other documents that require a response from APTUK as required.

### Internal

- Support the National Officer for Scotland on key issues and developments.
- Work collaboratively with relevant Associates, National Officers and Board of Directors, as required.
- Be a proactive member of designated workstream.
- Attend, participate in, and provide regular updates to the Home Countries workstream and other APTUK meetings.

## **Necessary Requirements:**

- Hold APTUK membership (Full or Student).
- ❖ Be employed in a pharmacy related field.
- Have a current working knowledge of political and practical issues relating to pharmacy.
- Have up to date knowledge of current pharmacy practice.
- Have a good current understanding of the workings and procedures of APTUK.

## **Expectations of the individual:**

- Act for and in the best interests of APTUK.
- Uphold the reputation of the pharmacy technician profession at all times.
- Provide leadership.
- Share skills, knowledge and experience for the benefit of others.
- Act within the scope of authority.
- Maintain contact with the Professional Committee and Board of Directors.

## Associate Declaration:

I agree to work to the above specified criteria:

Signed:

Full name:

APTUK Membership number:

Date: