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:
APTK Membership number:
Date: