

# UKISOP and the allied health professions

## BY REBECCA TURNER

In ophthalmology practice today there is a vast number of training and educational opportunities for staff from all professional backgrounds. The key is to use your study leave and funding wisely! In the first of this series of articles, signalling the return of our Allied Professions section, Rebecca Turner provides an overview of UKISOP, its recent activity, and her experiences as its Chair.

he United Kingdom & Ireland Society of Ophthalmic Practitioners (UKISOP), targets nurses, orthoptists, optometrists, imagers, healthcare scientists, technicians, and registered / non-registered and enhanced, specialist and advanced practitioners alike. We are associated with United Kingdom and Ireland Society of cataract and Refractive Surgeons (UKISCRS) along with the Young Ophthalmologist Programme (YOP) and are a registered charity, a not-for-profit organisation. Our focus is on all areas related to cataract and refractive practice.

UKISCRS established UKISOP in 2010 thereby extending a bespoke educational platform to all members of the ophthalmic family. And family it very much is. If you attend one of the meetings you get a sense of belonging, of being amongst friends with a uniquely common interest in the weird and wonderful realm of ophthalmology!

UKISOP offers a programme adjacent to the UKISCRS main meeting. The day is comprised of a didactic morning session of guest speakers followed by a hands-on skills workshop. The intention is that both sessions follow a clinical pathway relevant to the trends in current practice that is pertinent to allied health professionals. Previous years topics have ranged from reducing the carbon footprint of a phaco procedure, artificial intelligence in the pre- and postoperative cataract pathway, the emotional impact of sight loss, ocular oncology, and trends in veterinary ophthalmology.

One of the many advantages of being part of UKISCRS network is the easy access to world-class clinical experts who are always very enthusiastic to share their expertise. Each year it is a joy to collaborate with friends and colleagues on the UKISOP council to formulate our annual programme. There is a great sense of achievement in seeing the programme unfold by chairing the meetings, managing timings on the day, and encouraging the audience to participate with questions. And although our programme is directed at allied health professionals it is open to all and many UKISCRS and YOP delegates and members of the ophthalmic industry take advantage of joining the programme on a session-by-session basis.

The theoretical content of our programme is phenomenal. It is, however, the skills workshops which are quite unique and create an audible buzz of excitement amongst the delegates and members of the ophthalmic industry who generously support them. How many

Very engaging and good fun.
Thoroughly enjoyed this and learnt a lot \*\*



of us have had a chance to try our hands at cataract surgery? Perhaps this is not pertinent to most of us in our clinical roles and despite the limitations of a simulation exercise, my experience of undertaking a cataract dry lab gave me newfound admiration and respect for our surgical colleagues! This has certainly become one of our most popular workshops. And the great news is that the UKISOP council have future plans for extending the scope of these sessions into clinical masterclasses.

Throughout these sessions there is a coming together of people from all clinical backgrounds exploring elements of ophthalmology which may have hitherto been unknown or unfamiliar to them. In turn, this creates a subtle process of networking, an exchange of idea's which is surprisingly effortless. The potential for benchmarking is remarkably motivating when back on the 'shop floor' even if only to realise how good things are already.

The multi-professionality of the whole day is equally enlightening. We all come to the programme from our individual corners of the clinical platform. The UKISOP experience, however, promotes an acceptance of our differences and an acknowledgement of the special qualities each of us brings to patient care.

The ability to interrogate colleagues from other professional backgrounds is an added and, currently pertinent, bonus. This comes at a time when capacity and personnel issues is one of the greatest challenge and fundamental importance for ophthalmology [1]. The current UKISOP strategy aims to bridge the gap between professional groups and provide an inclusivity previously unprecedented between health professionals from the primary, secondary, and independent sectors.

## **ALLIED PROFESSIONS**



UKISOP works hard and plays hard. The council members are lifelong colleagues and friends, and this ethos is shared with our many delegates who attend our annual programme. We are all actively welcomed to attend the societal celebratory dinner and entertainment which follows the main meeting in Autumn.

As the current UKISOP Chairperson, I have learnt so much through my association with the society – organisational skills and at times, the art of persuasion, not to mention real-time advances in clinical care and a very useful knowledge of who's who in the ophthalmology fraternity. And more recently I have come to realise the full extent of the vast number of roles attributed to ophthalmic professionals and their endurance to deliver a collective and phenomenal contribution to patient care. This is evident across the whole of the UK and Ireland, and we hope to share more details with you through forthcoming editions of *Eye News*.

My take home message for all ophthalmology professionals is to please take a look at UKISOP. It is a fabulous resource through which you can update your clinical skills and knowledge and keep your finger on the pulse of innovation in the wonderful world of ophthalmology.

#### References

 Royal College of Ophthalmologists. Bhargava, J. New cataract services workforce guidance (2021). https://www.rcophth.ac.uk/news-views/newcataract-services-workforce-guidance/ [Link last accessed February 2024]

## **AUTHOR**



**Rebecca Turner,**Consultant Nurse, Oxford, UK; Chair of UKISOP.

# **SECTION EDITOR**



Rosalyn Painter,

Ophthalmic Healthcare Science Education
Manager, Gloucestershire Retinal Education
Group, Gloucestershire, UK.

rosalyn.painter@nhs.net