



## **The Royal College of Ophthalmologists' response to the National Screening Committee's consultation on AI in the diabetic eye screening programme**

June 21

### **Introduction**

The RCOphth is the professional body for ophthalmologists and trainees in the UK. We work to ensure the highest achievable quality of eye care for patients through excellence in training, education and assessment of ophthalmologists; to uphold standards and promote research and innovation, We provide guidance and work closely with policymakers to shape eye services for the benefit of patients.

Diabetic retinopathy is one of the leading causes of blindness in the working-age population in the UK. Therefore, the national screening programme is an important tool in enabling ophthalmologists to safely manage patients and preserve sight.

With a growing population of people with diabetes, accurate and effective detection of diabetic retinopathy is more important than ever, and we believe it is vital to develop new ways to ensure the Diabetic Eye Screening Programme can cope with demand now and in the future.

We recognise that AI has the potential to help us to overcome capacity issues in the NHS, and we welcome the NSC's evidence review on automated grading to replace level one graders in the Diabetic Eye Screening Programme (DESP).

We have summarised our response below.

### **Comments**

We support the review and agree with the evaluation of the studies. However we had two specific areas to provide feedback on.

First, we felt that there needs to be more clarity about the level at which the NSC considers ARIAS could be safely used – eg. the disease vs no disease level, or the referable disease level – to ensure that future research is supportive of this and avoid wasted research time and money. We also like to see a clear definition of 'low risk' up front in the document, to ensure consistency throughout. We would be happy to work with the NSC on this to help ensure that research priorities are aligned with clinical need.

Secondly, while we agree there is a gap in published research on implementation, we consider that there is good evidence from the work in Scotland, which has been safely and effectively using AI software at the disease/no disease level for around a decade. We also

expect to see ongoing improvements in cost effectiveness as the technology is refined through use.

Therefore, we support further research on the experience with implementation and use of ARIASs, but suggest that a carefully staged and monitored implementation process, could provide a means to safely take this forward .

We would be happy to discuss this further with the NSC and provide our assistance in the next stages of this work.

***For more information please contact:*** [policy@rcophth.ac.uk](mailto:policy@rcophth.ac.uk)