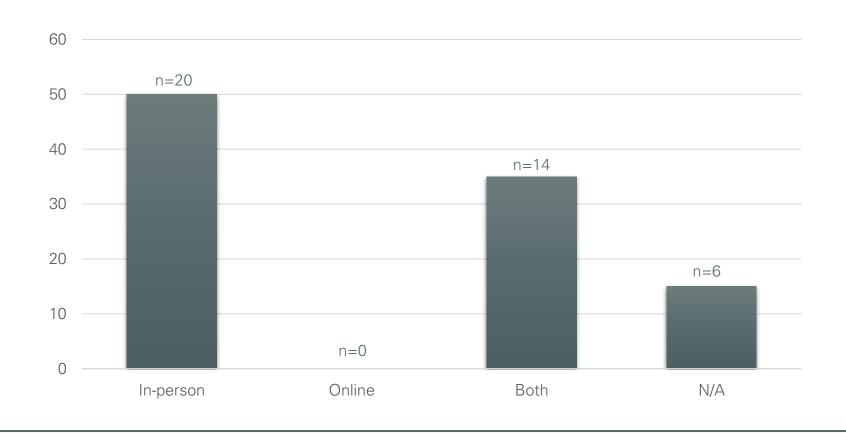
Diabetic Retinopathy Screening in Europe Meeting, 2021

Results from diabetic retinopathy training survey

Who has access to diabetic retinopathy (DR) training?

Responses (n=40)	Ophthalmologists	Nurses, optometrists (or other non-medical personnel
Yes n (%)	34 (85.0)	24 (60.0)
No n (%)	6 (15.0)	12 (30.0)
Not sure n (%)	0 (0)	4 (10.0)

Is DR training available in-person, online or both?



What language(s) is online available? (n=36)		What second language would you choose for DR training? (n=38)	
English (n,%)	5 (13.9)	English (n,%)	23 (60.5)
Spanish (n,%)	1 (2.8)	Spanish (n,%)	0
French (n,%)	0	French (n,%)	0
Russian (n,%)	0	Russian (n,%)	2 (5.3)
Italian (n,%)	0	Italian (n,%)	0
German (n,%)	0	German (n,%)	1 (2.6)
N/A (n,%)	15 (41.7)	N/A (n,%)	8 (21.1)
Others (n,%); Slovenian, Hungarian, Finnish, Romanian, Latvian, Greek, Portuguese, Lithuanian, Swedish	15 (41.7)	Others (n,%); Chinese, Dutch, Polish	4 (10.5)

DR training courses available across Europe



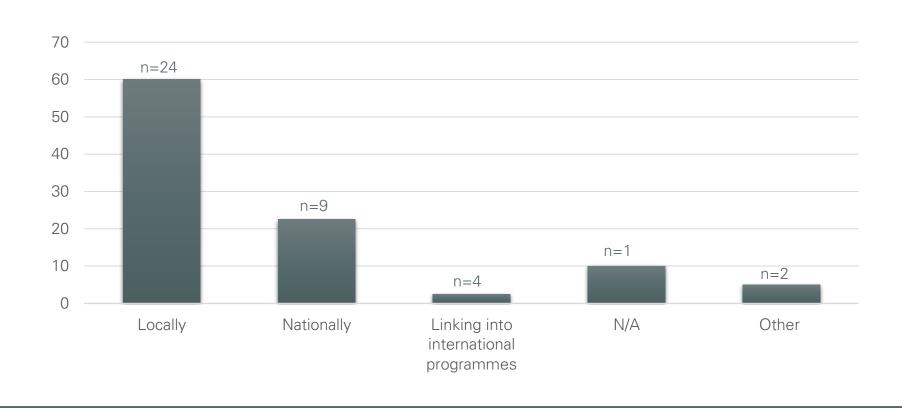




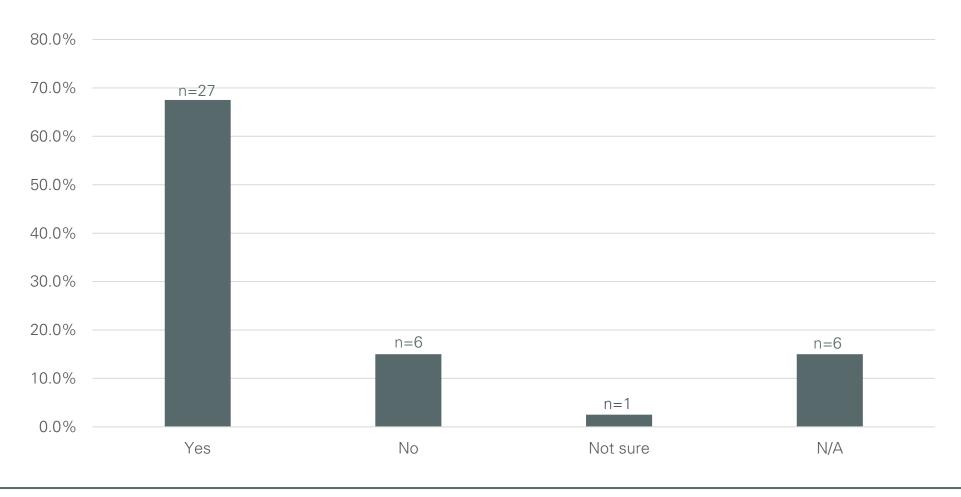


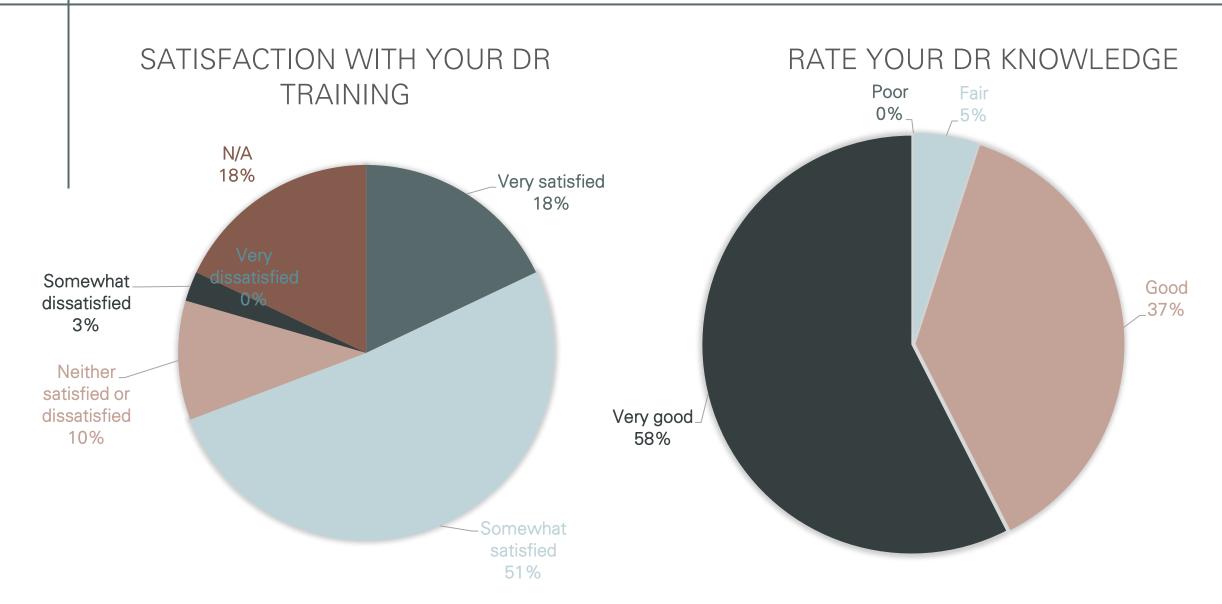


What level is in-person DR training delivered?



Is DR training free?





Quotes from survey participants "It would be great for my country
to experience another country
which may have theoretical and
practical skills in organising DR
training and screening"

"Unfortunately, there is no DR training program at this time. We have some activities from Ministry of Health and hope the DR training project will be involved soon"

"Would be ideal to have common guidelines or site to consult"

Quotes from survey participants

"In-person training course [currently available] for ophthalmologists, endocrinologists & family medical doctors. In the process of developing an online training platform."

Quotes from survey participants

"One of the central problems derived from screening programs is the healthcare overload they generate, an overload that is being reduced by resorting to artificial intelligence software developed based on machine and deep learning techniques that allow screening to be carried out automatically or semi-automatic depending on the case.



Key takeaways

- Start small and build on this
- Provide optimal training and certification for all graders (medical or non-medical)
- Learn from other countries but adapt DR training and guidelines specific to your country
- Artificial intelligence may address staffing issues – future of DR screening