MARCH 2026

VOL.14

The BARS Chronicle

BRITISH ASSOCIATION OF RETINAL SCREENING

Coming soon!

BARS OCT COURSES

PAGE 9

FEATURING

MEET OUR NEW CO-CHAIRS
PAGES 3-5

CAMERA TESTING - WHY BOTHER?
PAGES 6-7

A FAIRER WAY TO TEST MEDICAL AI
PAGES 8

WELCOME BACK!

By Charlotte Wallis, Co-chair

Welcome to the latest edition of the BARS Chronicle.
We have a jam-packed issue with lots of exciting news to share.

Firstly, the new BARS OCT workshops for 2026. The BARS council are busy planning these and recent feedback from programme managers has informed where they will be held. Find out more about these on page 9.

The BARS, 1 day conference will return in 2027. It will be held on October 1st, 2027, in the colourful city of Brighton. Put the date in your diaries now!

The BARS administration certificate is currently being revamped and will be launched later in the year.

And finally, this is my final Chronicle as BARS co-chair. I have had the privilege of co-chairing BARS for 5 years. It has been quite a ride, as they say. From starting co-chairing with Richard Bell, BARS held its first online conference due to the COVID pandemic, the BARS logo was revamped and the Chronicle introduced all designed by Stacey Barbaccia, welcoming new co-chair Zoe Tobin following Richards retirement. Our new website was launched in 2025 designed by Emma Winfield. Listening to our conference feedback we introduced a 1 day conference in 2025 and our social media channels have gone from strength to strength thanks to Kamran Rajaby. I would like to thank all the BARS council members and presidents, past and present for their ever-enduring support and enthusiasm.

I am pleased to introduce the new BARS co-chairs Ali Askari and Kim Lovell. Ali has been a council member since June 2025 and has a huge wealth of experience in DES. The BARS council co-opted Kim Lovell to join council earlier this year. She brings experience not only from her long service in DES but also from a national perspective. They will be fantastic in the role of co-chairs and BARS is in very good hands.

Enjoy the chronicle!

MEET OUR NEW CO-CHAIRS

Ali Askari

I am truly humbled and proud to serve the British Association of Retinal Screeners (BARS) as Co-Chair from June 2025. Having been part of this community for many years, this role is both an honour and a responsibility that I take on with great enthusiasm and commitment.

With over 16 years of experience as a Diabetic Eye Screening Programme (DESP) Programme Manager in North Central London, I have had the privilege of working closely with dedicated professionals across all areas of screening. Throughout this time, I have also attended many BARS conferences, each leaving me with a strong sense of positivity, shared purpose, and belonging. It is this spirit that I hope to nurture and expand for both current members and future generations joining the DESP community.

I am deeply passionate about BARS and the vital role it plays. My vision is to ensure that BARS remains relevant, practical, and genuinely valuable to all members of the DESP community. We aim to do this by strengthening educational forums, enhancing networking opportunities, and creating meaningful platforms for knowledge sharing and professional development. BARS should not only support your work but also amplify your voice.
Looking ahead, we have several important initiatives. We are preparing to review and enhance the screening educational courses for administrative teams, recognising their critical role in programme success. In addition, 2026 will see a strong focus on delivering OCT training across multiple locations, ensuring wider access and upskilling opportunities for colleagues nationwide.

One of the most exciting developments is the return of the national BARS conference, planned for October 2027 in Brighton. This will be a key moment for us to come together again, reconnect, and strengthen our shared identity as a community.

I am also proud to be working alongside an enthusiastic and energetic group of volunteers on the BARS council. All of us give our time voluntarily, and we do so with pride and a genuine desire to serve. Together, we are committed to making BARS more visible, more accessible, and more engaged than ever before. This means maintaining continuous interaction, not just at programme management level, but across entire DESP teams.

My aim is simple: to make you proud of BARS, and to ensure BARS is a community you feel proud to be part of. A place where your ideas matter, where your contributions are recognised, and where a strong sense of belonging is fostered.
I warmly encourage you to reach out to me or any member of the council with your thoughts, ideas, and suggestions. Your input is essential in shaping the future of BARS and ensuring it continues to represent your needs at a national level.

Thank you for your trust in me. I will do my very best to serve you, to strengthen our community, and to ensure BARS continues to be a powerful platform for all.
Together, we can make us greater.

Ali.

Kim Lovell

Having made the difficult decision to partially retire in April 2025 I thought my days of working for Diabetic Eye Screening (DES) outside of my trust alongside likeminded, driven and dedicated people were over. How wrong I was. In December 2025 I was asked if I would be willing to take on the role of Co-chair of the British Association of Retinal Screening (BARS) which is both an honour and a privilege so how could I refuse.

Many of you know me through my work with the English National Portfolio Team when I was working with NHS England having moved with the team from Public Health England as the National Grading Lead when that organisation was stood down. I was privileged enough to be part of the team that finally introduced extended screening intervals and OCT into DES services ensuring DES is working towards being fit for the future in terms of the best outcomes for our service users. BARS was a pivotal part of getting the messages out from the National Portfolio Team to those on the ground and I am sure my connections through working with the National Team was part of the reasoning behind asking me to Co-Chair.

I have worked in Diabetic Eye Screening for 20 years in a variety of roles and BARS and its outstanding conferences have always been a highlight in the working calendar; I have attended almost every year that I have worked within the DES service and gathered many friends along the way.

BARS to me has always been the place for gathering intelligence about the direction of travel for Retinal Screening and for learning new ideas and ways of doing things that perhaps in your own programme you haven’t yet thought of. I often say to my team in Somerset that I don’t have the answers to everything and I am constantly hungry for new ideas for improvement for both my service and retinal screening as a whole. Networking remains invaluable especially as we work in a very select role within the healthcare sector and I hope that we can work on ensuring that the BARS website is a place for connections to build and ideas to form which can then be used to improve DES moving forward.

My vision for BARS is that it should be a resource and a community for the whole of the Retinal Screening workforce, with educational material and events designed to include everyone in a way that is engaging and informative. Education is key with everything and my wish for BARS is that we extend our presence in the educational arena. Whilst we have planned OCT training events in 2026 and a one day conference in 2027, we welcome any ideas as to what else you, our members, would like to see covered, both at these events and possibly in the future during some online training or forums throughout the year.

BARS is a community for you all and whilst the volunteer members of the council do an amazing job your continued support with your thoughts and wishes will help us to keep BARS relevant now and in the future.

I would like to thank the BARS council for inviting me to be part of their team and look forward to working with them all, especially Ali my co-chair. They are a group of dedicated and experienced people whom I will have a lot to learn from in the coming months, but I will try my best to ensure the trust that they have placed in me is not misplaced. I look forward to meeting a lot of the BARS members at the upcoming events and hope that you will come and say hello and tell me what WE can do to help YOU.

I look forward to the next chapter both for myself and BARS.

Kim.

The BARS Council would like to express our heartfelt gratitude to Charlotte as her time as Co-Chair comes to an end, recognising her dedication and commitment to ensuring the ongoing success of BARS. During her tenure, she has led numerous changes within the association, and her hard work has been pivotal to our progress. However, fear not, this is not a farewell! We are delighted to announce that Charlotte is transitioning into the role of Treasurer.

We would also like to extend our thanks to Zoë for supporting Charlotte during this transition. Her commitment, effort, and hard work have been invaluable as she steps into her role as Secretary.

We are thrilled to have both Charlotte and Zoë with us and look forward to many more successful years together.

CAMERA TESTING

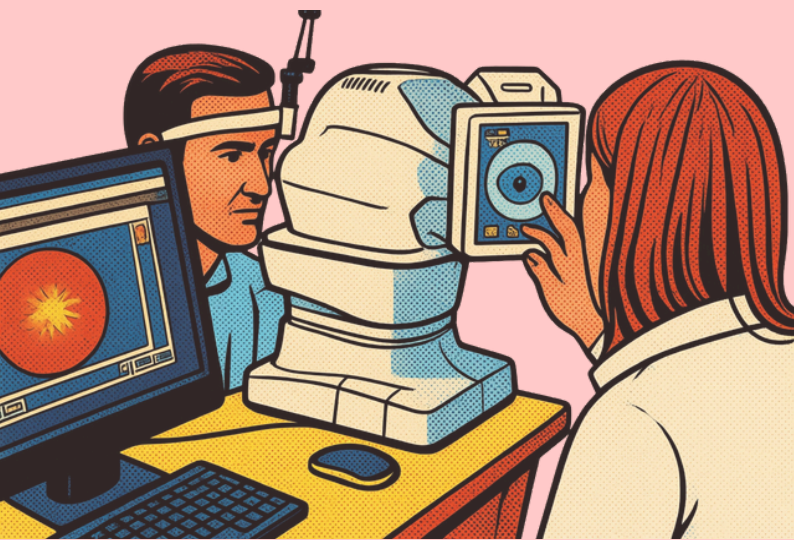
Why bother?

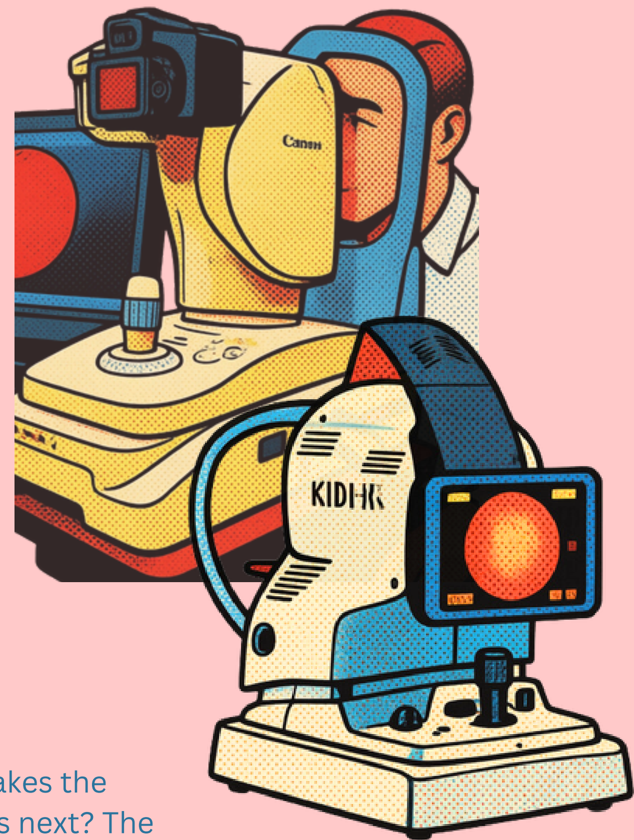
By Simon White, Camera Testing Team

"Surely all cameras take photos so why do we need to test them first"
- If only it was that simple!

Digital Fundus cameras have been part of diabetic eye screening for decades, think early 2000's with the likes of the Canon DGI and Topcon NW6. Back then there wasn't much choice, and the approval list was only small. With the ever-increasing bounds in technology cameras have become increasingly popular with many being multifunction devices. The main audience for fundus and OCT cameras are opticians' practices. Most test rooms are quite small so multifunctional equipment is great for these. In recent years there has been shift in cameras and diabetic eye screening services play a smaller part in the sales generated.

The test criteria for approval of new cameras have some fundamental rules. It must take images at a 45-50 degree field of view, it must automatically transfer images directly into the DR software with no images stored on the device. All this needs to be done with the 4 standard photos taken in under 2 minutes.
If a device can do this then it can be put forward for testing. The testing day involves being used to capture 2 patients' images that will be reviewed later to ensure they meet the standard for grading.





With the ever-increasing number of multifunctional machines also comes some changes. Separate Canon or Nikon digital backs used to be commonplace, but many are now in-house developed image sensors buried inside the main body of the camera, great for dust protection but not always for image quality. An experienced screener with a joystick can take excellent photos in a very short time. An inexperienced operator using a fully automatic machine with no joystick can take adequate photos, in a reasonable time. Again, think of the largest target audience, e.g. a junior member of staff in an opticians.

So... the camera connects to Optomize or Spectre, it takes the four mandated photos within 2 minutes. What happens next? The panel from the testing group will all receive the actual outputted images from the cameras to look at. The images are analysed to ensure they are deemed gradable. Are there any arcs of light? Are the fine vessels at the disc and macula visible? Does the image have excessive digital noise? Is there adequate dynamic range (the variance from black to white)? A large proportion of cameras tested have very over exposed optic discs, inhouse sensors can suffer from excessive digital noise and over exposed discs. Each panel member will put together a report and send it to the lead tester. This is then compiled and a final report generated. Some cameras will be unanimously approved, or not, others will generate a discussion and possibly additional images from the manufacturer
The approved cameras are then listed with supply chain and can be purchased to use in your programme. As with any new purchase though, try before you buy. The new breed of cameras are a world away from some of the old school workhorses. Contact your local rep and ask for a machine to try and make sure all your staff are on board.

For a full list of currently approved cameras visit: https://www.gov.uk/government/publications/diabetic-eye-screening-approved-cameras-and-settings/diabetic-eye-screening-guidance-on-camera-approval

A FAIRER WAY TO TEST MEDICAL AI

By Professor Alicja Rudnicka, School of Health and Medical Sciences, City St George's, University of London, London, UK

1. The Problem

Most current evaluations of artificial intelligence (AI) / automated retinal image analysis systems (ARIAS) are carried out by the vendors themselves, often using datasets and testing environments of their own choosing. These single-algorithm, vendor-delivered studies tend to overestimate performance and rarely reflect how systems might behave in real-world clinical settings. Differences in patient populations, image capture systems, and evaluation protocols make it nearly impossible to compare algorithms fairly particularly when key details like pre-selection or preprocessing of images are unclear. This approach limits transparency, comparability, and ultimately, trust in AI-driven healthcare tools.

2. A Different Approach

Recognising these shortcomings, this study took a fundamentally different path. It created a vendor-independent evaluation platform using the largest, most ethnically diverse NHS Diabetic Eye Screening dataset in North-East London. Multiple state-of-the-art ARIAS each certified as a medical device (with/pending CE Class IIa) were assessed on the same dataset, under identical computational conditions. This ensured fair, direct, and reproducible comparisons while also testing for algorithmic fairness across diverse population subgroups (e.g. ethnicity and age). The result is a transparent, sustainable model for evaluating medical AI systems that mirrors real-world use.

3. Implications for Future Policy

This work sets a new benchmark for independent, population-based evaluation of AI in healthcare. By demonstrating how multi-vendor comparisons can be done impartially and at scale, in the intended healthcare setting. It provides a blueprint for regulators, policymakers, and health systems to demand higher standards of evidence before deployment. Beyond eye screening, the same principles could inform policy frameworks for AI evaluation across other disease areas, helping ensure that future health AI technologies are not only effective, but equitable and trustworthy.

FULL ARTICLE

BARS OCT COURSES

Featuring

Samantha Mann

Daniela Vaideanu-Collins

Optical Coherence Tomography (OCT) scanning is becoming an essential part of diabetic eye screening, helping screener / graders confidently spot early signs of maculopathy. We're excited to announce that this September and October, after the great response to our workshop at the last BARS conference in Birmingham, we'll be running a series of full-day OCT training courses!

These in-person courses will be delivered at separate locations across the UK, with Middlesbrough already confirmed. Additional locations are being carefully selected to enable access for attendees from other areas of the UK. Our OCT training days are tailored specifically for professionals working within diabetic eye screening.

Each course, costing £75 per attendee, will provide a comprehensive update on OCT for diabetic eye screening. Through a combination of interactive lectures, case-based discussions and practical hands-on sessions, participants will strengthen both their technical and interpretive skills.

By the end of the day, participants will have a clearer understanding of:

- Best practices for OCT image acquisition
- Interpretation of OCT scans in diabetic eye disease
- Recognition of common non-diabetic retinal abnormalities
- Understanding clinically significant findings and when referral is required

The days will be hosted by myself and consultant colleagues. Miss Daniela Vaideanu-Collins, a consultant Optometrist based in Middlesborough, will join me for the Middlesborough event.

These small-group training days provide an excellent opportunity for screener/graders to develop practical OCT skills, discuss challenging cases, and share experiences with peers and experienced faculty.

Further details on dates, venues and booking will be available soon.

The ROYAL COLLEGE of OPHTHALMOLOGISTS

CONGRATS SAM!

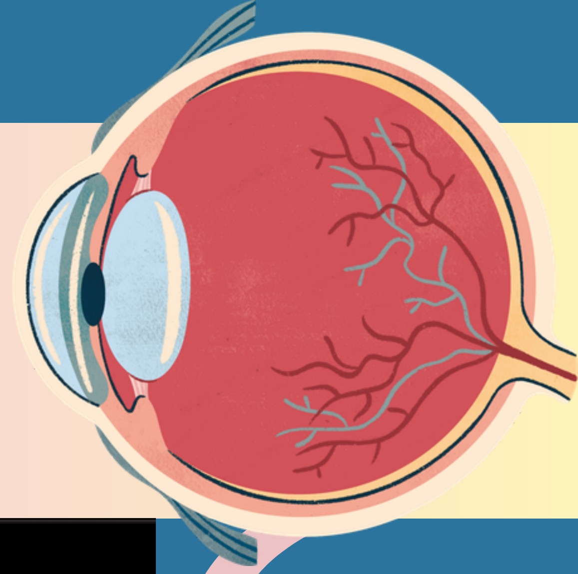
We would like to bring you the amazing news that Samantha Mann our BARS president, has recently been appointed as the new Royal College of Ophthalmology DESP link officer!

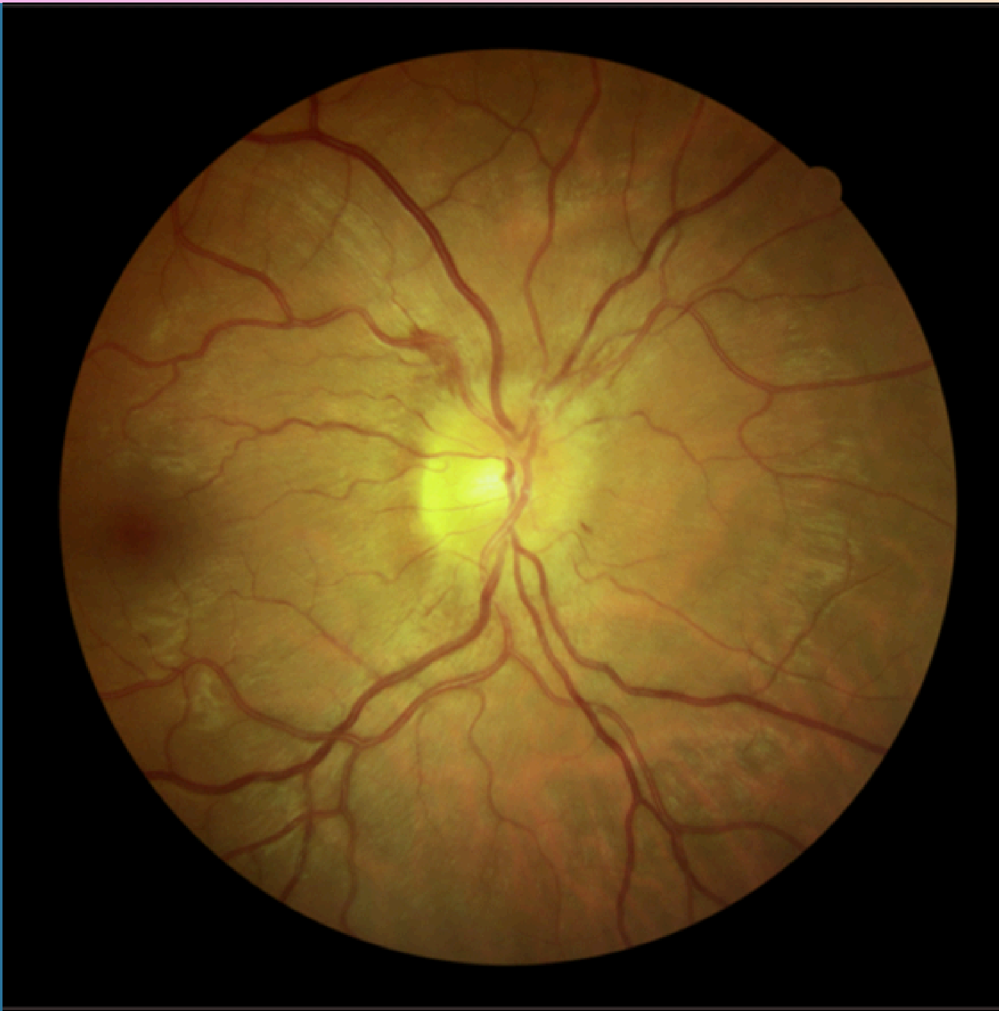
In her new role as link officer she will help drive improvements in the DESP, liaise closely with the DESP team at NHS England/DHSC and influence the future of diabetic eye screening and treatment.

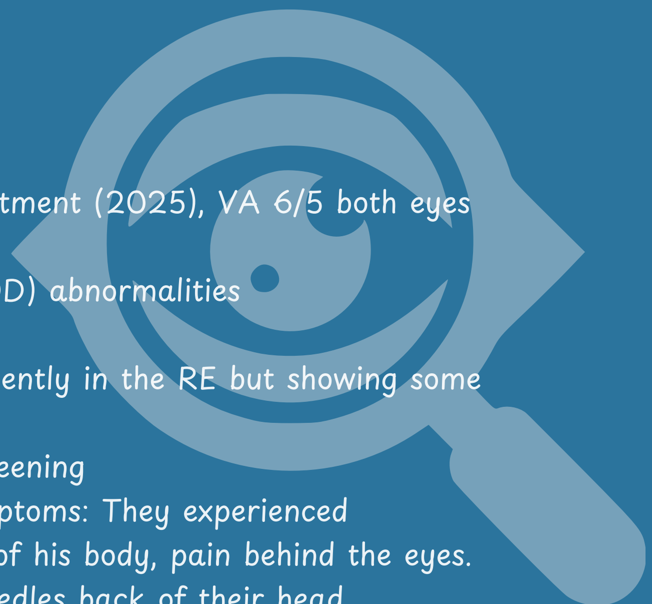
The role is also part of the QASC which leads the College's work to set, maintain and improve standards of safe and high-quality ophthalmic care in the UK. Sam will be part of a committee which works to support professionals to improve their services and highlight the resources needed to deliver safe ophthalmic care.

CASE STUDY

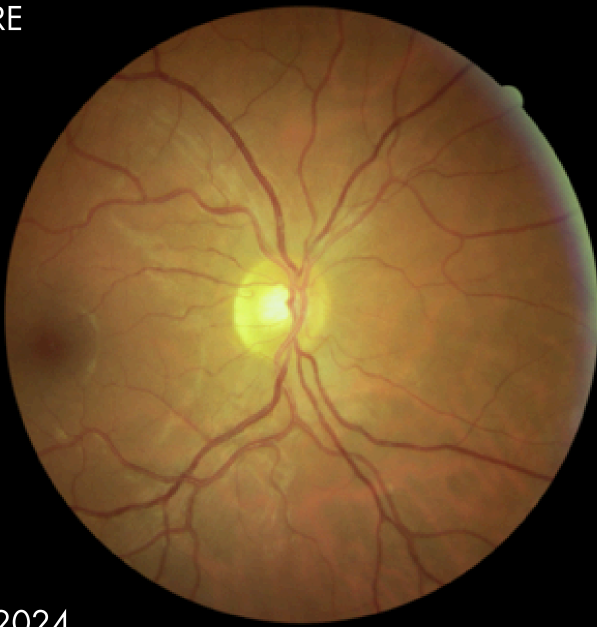
By Gisele Marin Parise, South East London DESP

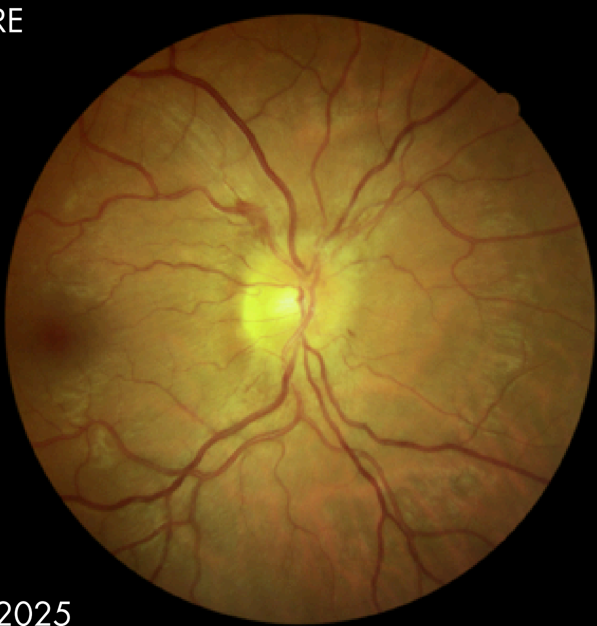






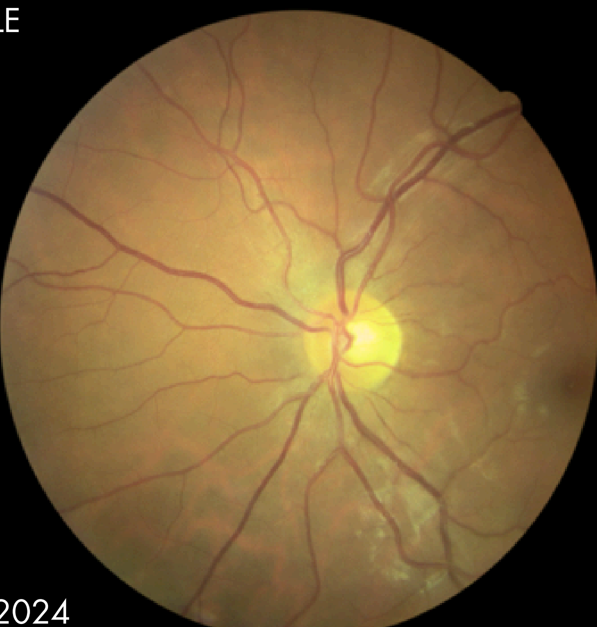
- Non-Diabetic Related Retinopathy
- Male 34 yo
- T1DM since 2009, seen in DESP since 2013
- Last seen by optician in 2024
- VA recorded on the day of the screening appointment (2025), VA 6/5 both eyes
- No symptoms recorded
- Triaged RED as it showed bilateral optic disc (OD) abnormalities
- Graded approx. 1 hour later, R1M0 in both eyes
- OD swelling detected with haemorrhages prominently in the RE but showing some swelling in the LE also
- New features compared with previous years' screening
- Screener called the patient enquiring about symptoms: They experienced headaches in forehead, aura, numbness in part of his body, pain behind the eyes. No nausea or vomiting. Experienced pins and needles back of their head

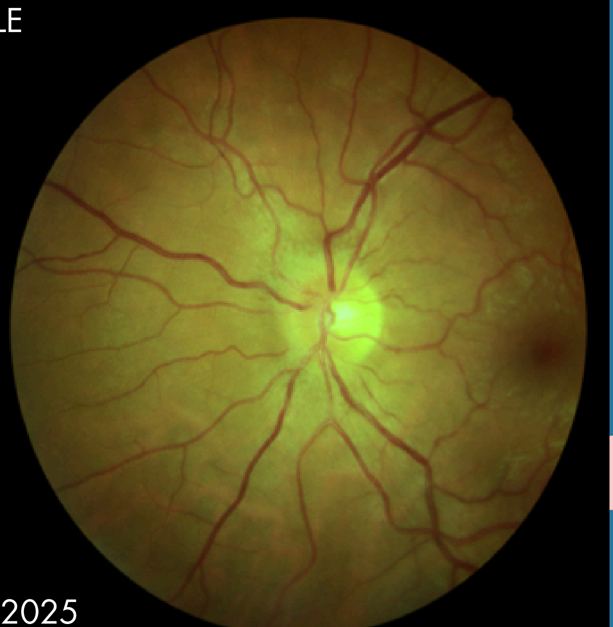




- The patient was referred on the same day to HES, diagnosed with papilloedema, due to raised intracranial pressure
- They then had an MRI scan which showed a suspected low grade glioma in the right frontal lobe
- He then had brain surgery 6 days later
- The final diagnosis was a high grade glioma (WHO grade 3, Astrocytoma)
- He remains under the oncology department undergoing Chemotherapy

As screeners, we don't often encounter urgent referral non-DR pathologies. However, in cases such as optic disc abnormalities, it's important to remind ourselves to ask patients if they are currently experiencing any symptoms. Additionally, choosing the correct triage will expedite the grading process, as timely intervention is crucial in these situations. A quicker outcome will have a positive impact on the patient.





Thank you to Giselle from the SEL DESP programme from providing this interesting case.

Thank you

TO OUR CONFERENCE SPONSORS...