**Diabetes educator workforce and training capacity in rural and remote Australia**

**Background & Aim**

The Australian Diabetes Educator Association (ADEA) certifies Credentialed Diabetes Educators (CDEs) in Australia, specialists trained to deliver the highest level of diabetes education and care. Despite the high burden of diabetes in rural and remote areas, there is a significant shortage of CDEs to meet patient needs. Anecdotal reports suggest that rural practitioners who complete their Graduate Certificate in Diabetes Education frequently encounter barriers to achieving credentialing, including challenges specific to rural practice environments. This study systematically explores the challenges and enablers of the credentialing process for rural diabetes educators, focusing on the experiences of rural CDE candidates, including those who abandoned or commenced credentialling efforts.

**Methods**

This qualitative study, approved by the UWA HREC, recruited participants through established networks such as the Western Australian Centre for Rural Health (WACRH), diabetes educator networks, universities, healthcare organisations, the ADEA, and other professional groups. Snowball recruitment techniques were utilised to broaden participant reach. Interviews followed a structured schedule developed by the research team, were recorded, transcribed, and analysed using inductive methods to identify prominent themes.

**Results**

From August to November 2024, interviews were conducted with 25 CDEs, 5 CDE candidates, 7 practitioners who abandoned credentialling, and 9 academics across Australia. Participants described numerous challenges, including geographical barriers, limited telehealth access, workforce shortages, credentialing requirements, CPD maintenance, allied health employment constraints, scope of practice ambiguities, and uncertainty surrounding changes in rural-specific credentialing processes.

**Discussion/Conclusion**

Findings highlight credentialling inequities for rural diabetes educators, driven by required clinical hours and a lack of accessible local mentors. Addressing these barriers is crucial to ensuring equitable access to training. Clarifying CDE scope of practice, improving rural-specific support systems, and creating tailored opportunities for training are vital to strengthening the diabetes educator workforce. Enhanced systems will support practitioners and improve patient outcomes in remote communities.