**Rural Australia and the issue with affordable access to Diabetes Education or how many GPMP visits do you have?**

**Background & Aim**

For 20 years I provided remote Diabetes Education , this role was a hospital funded role which meant people with Diabetes could be educated and supported with no cost to themselves.

In 2021 moved to Augusta, which is a rural town with many of the permanent residents being in the older age group, making them at risk of type 2 diabetes

National Diabetes Services Scheme (NDSS) data from the Australian Diabetes Map tell 6.58% of the 1610 population have diabetes

I began the process of Credentialling with the aim to provide a Medicare funded Diabetes Education service for the population as the closest existing service was an hours travel away

**Methods**

The business plan involved bulk billing of pensioners for diabetes education in their home, I also needed to find a venue for those who lived locally but over 10km out of town

The GP practice provided referrals with 1-4 GPMP visits allocated

Patients with plans who were not pensioners did not want to pay above the Medicare fee – I bulk billed

Booking phone calls where difficult as the clients often wanted solutions over the phone, without provision of an adequate history

When consulting I tried to include in all care an evaluation of the persons knowledge, what had they tried, what dietary support had they received and I then as much Diabetes Education as I could squeeze into one hour, supplying fact sheets to take away

NDSS registration appears to be undervalued by GPs as they appeared to have limited knowledge of the education provided by the NDSS, many needed NDSS registration

**Results**

People living with Diabetes do not wish to or cannot afford to pay for out of pocket Diabetes Education

**Discussion/Conclusion**

I have decided that my Diabetes Education service in Augusta is a community service, not a viable business.