

## New Credentialling Pathway Consultation Responses

Thank you to all who provided feedback to the draft consultation. We have provided a very high-level summary of the results we received. Please note that the feedback received will factor into the design of the pathway and we plan to hold another webinar to provide an update this winter.

### General Feedback

Response Count: 97

- The majority of respondents agreed and reiterated that the current credentialling process is not adequate and expressed support for a more future-ready process.
- Most respondents expressed support for the importance of not just meeting a minimum hours requirement but ensuring these hours encompass a broad range of core competencies and practical skills. The consensus is that such structured practical experience is vital for maintaining the high standards and value of the CDE profession.
- There's a clear call for more structured support systems for future CDEs, including mentorship and community engagement tools such as online forums, group chats, and assignments. This reflects a broader theme of enhancing the credentialling pathway with resources that foster collaboration, peer support, and continuous learning.
- Respondents foresee significant changes in the role of CDEs over the next 5-10 years, with increased demand and the integration of new technologies. They suggest that the credentialling process should evolve accordingly with more comprehensive education pathways to prepare CDEs for these future challenges.
- Overall respondents were supportive of the new proposed pathway and provided suggestions for its refinement and future phases.

### Benefits/Drawbacks of Requiring 500 Hours of Practical Experience

Response Count: 95

#### Key Themes:

- Some respondents see the requirement as beneficial for ensuring quality and competency, especially if there was a method for appropriately assessing clinical standards.
- While respondents acknowledged the barrier of 1000 hours they did express differing views:
  - Some expressed concern that the 500 hours would lower the standards and create disparity in credentialling among CDEs.
  - Others expressed concern that even the reduction to 500 hours was potentially burdensome and a barrier to entry into the profession.
- Some expressed concerns about the practicality and implementation of even a 500-hour requirement, such as availability of mentors and mentoring opportunities and the impact on those transitioning from other careers.

### Suggestions for Enhancing the Credentialling Pathway

Response Count: 93

#### Key Themes:

- Suggestions for a more structured and supportive mentoring processes.
- Calls for streamlined administrative procedures.
- A desire for the process to be more inclusive and accommodating of diverse professional backgrounds and experiences.
  - Regarding advanced diabetes educators who want to become CDEs, 62% of respondents said they would support an alternative process that recognises their experience in diabetes education and care, rather than requiring them to complete the proposed new credentialling requirements.
- Some suggested integrating credentialling with educational programs for efficiency.
- Some concerns about an exam or testing component, particularly with people who may struggle with 'test anxiety'.

### Graduate Certificate or Graduate Diploma

67% of respondents said no to whether a graduate diploma rather than a graduate certificate would enhance the clinical practical skills and competence of diabetes educators.

The reasons for those who said no included the following:

- Costs being a barrier.
- The practical application of skills being more relevant and does not necessarily depend on a higher qualification.
- Ongoing career development in the workplace is better suited to address potential future changes of the profession.

In a related question, 70% of respondents said requiring a graduate diploma would create barriers for prospective CDEs.

The reasons for those who said yes to a graduate diploma included the following:

- The graduate diploma would provide high-quality and consistent education and assessment developed by academics.
- The graduate certificate is not sufficient to provide specialised or practical clinical skills to meet the complexity of diabetes.
- A higher qualification attracts more recognition.

### Evolution of the CDE Role in the Next 5-10 Years

Response Count: 89

#### Key Themes:

- There is a clear anticipation of increased demand for CDE services due to rising diabetes cases.
- Expectation for CDEs to be more involved in technology and telehealth consultations.
- Some respondents predicted an expanded scope of practice, possibly including prescribing and ordering tests.
- Respondents emphasised the importance of adapting the credentialling process to these evolving roles and demands.

## General Comments on Proposed Credentialling Process

Response Count: 80

### Key Themes:

- Requests for transparency and clarity in the new credentialling guidelines, respondents found the current pathway laborious and confusing.
- Some members expressed concerns about the cost of becoming a CDE.
- Support for ensuring that CDEs have the skills and experience necessary, and support for the clinical skills requirements.

## Suggestions for ongoing evaluation of the credentialling process to ensure it meets the needs of the workforce and the community

Response Count: 57

### Key Themes:

- There is a clear recognition of the need for a robust credentialling process especially one that is accessible, practical, and adaptable.
- Respondents stressed the evolving nature of diabetes care, particularly with technological advances, as a central consideration.
- Respondents anticipate the field of diabetes education will rapidly evolve over the coming years especially in the area of diabetes technology.
- The need for better support, guidance, and resources, especially in regard to mentoring, for those seeking credentialling is a recurrent theme.
- Regular evaluation of the credentialling to ensure the process doesn't become cumbersome, costly, or disconnected from practical realities of the workforce.