

IDF Europe Symposium at EASD 2026

What is the future of diabetes education in the AI era?



PROGRAMME

On October 1, IDF Europe held a symposium titled **‘What is the future of diabetes education in the AI era?’** during the European Association for the Study of Diabetes (EASD) 62nd Annual Meeting. The event brought together people living with type 1 (T1D) and type 2 diabetes (T2D), healthcare professionals (HCPs), educators and public health experts to discuss how diabetes education can be redesigned for the digital age. Through diverse perspectives, the event explored both the **opportunities and challenges of integrating AI and technology into diabetes self-management**, with the goal of improving outcomes and quality of life through effective, equitable and person-centred education.

This report summarises the key discussion points and takeaways that will inform and strengthen IDF Europe’s ongoing efforts to advocate for accessible, high-quality and person-centred diabetes education that harnesses the potential of AI and digital technologies while ensuring that human support and equity remain central to diabetes care across Europe.

SPEAKERS



Symposium Chair:
Tadej Battelino
IDF Europe Chair



Symposium Moderator:
Uroš Bogdanović
Diabetes Advocate, IDF Europe Board Member & Youth Representative



Martina Boccardo
IDF Europe Research & Publications Coordinator



Michael Trenell
Honorary Professor of Digital Medicine, Newcastle University; CEO and co-founder of DAISER



Per-Ola Carlsson
Professor of Medical Cell Biology, Uppsala University Hospital; co-founder of OneTwo Analytics



Sufyan Hussain
Consultant Endocrinologist at Guy’s and St Thomas’ NHS Foundation Trust; IDF Europe Board Member



Rita Forde
Senior Lecturer at the School of Nursing and Midwifery at University College Cork; FEND Board Secretary



Erik Werson
T2D Lived Experience Expert; IDF Europe T2GETHER Platform member



Emma Wilmot
Associate Professor, University of Nottingham; Honorary Consultant Diabetologist in Derby; founder of the Diabetes Technology Network UK



Gauden Galea
Global Health Expert; Former WHO Europe Strategic Adviser; Honorary Professor, University of Malta

KEY TAKEAWAYS

PERSON-CENTRED & CONTINUOUS DIABETES EDUCATION

- Diabetes education must go beyond providing information to help people living with diabetes (PwD) translate knowledge into practical skills and everyday decisions.
- Education should be continuous throughout life, adapting to people's changing needs, circumstances and care plan.
- There is no one-size-fits-all approach – education must reflect individual preferences, health literacy, language, cultural context and psychosocial needs.
- Digital innovation should complement existing education programmes and help address gaps in access.

AI FOR PERSONALISATION & SELF-MANAGEMENT

- AI offers opportunities for personalised, timely guidance and ongoing support between HCP appointments, helping PwD interpret their data and make informed decisions.
- Moving beyond glucose values and patterns, AI should help PwD understand what these insights mean and what practical steps they can take.
- AI can support HCPs interpret data, identify emerging risks and tailor follow-up to individual needs, freeing up time for meaningful interactions with PwD.
- Technology should strengthen PwD's confidence and ability to manage their diabetes, while preserving their autonomy and role in shared decision-making.

HUMAN SUPPORT & EMPOWERMENT

- PwD must be involved in the design, implementation and evaluation of AI solutions.
- AI should complement, not replace, the human relationships, clinical expertise and peer support.
- HCPs need the skills to critically interpret AI-generated insights and understand issues related to data quality, privacy, bias and clinical safety.
- PwD must remain at the centre of decisions about their care, with access to information to make informed choices.

EQUITY & SYSTEM-WIDE ADOPTION

- Digital innovation must reduce, rather than reinforce, existing inequalities, ensuring that differences in digital access, literacy, confidence and socioeconomic circumstances do not leave people behind.
- The benefits of AI should extend beyond well-resourced settings, with particular attention to populations and health systems at risk of being left behind.
- Successful adoption requires collaboration between PwD, HCPs, researchers, regulators and decision-makers to build trust and translate innovation into routine practice.

FROM INNOVATION TO IMPLEMENTATION

- The rapid development of AI must be matched by robust evidence of safety, effectiveness and real-world impact, supported by appropriate evaluation methods and regulatory frameworks.
- AI solutions should be integrated into existing care pathways, rather than requiring health systems to reorganise care around individual technologies.
- AI solutions must be monitored against meaningful outcomes, with clear accountability and mechanisms to adapt or discontinue those that do not deliver the expected results.

WELCOME & INTRODUCTION

IDF Europe Chair, Prof. Tadej Battelino opened the symposium by welcoming participants and highlighting the rich programme exploring current developments in digital health innovation and the potential of AI to deepen our understanding of diabetes and its management.



DIABETES EDUCATION IN EUROPE: CHALLENGES AND OPPORTUNITIES IN THE AI ERA

Martina Boccardo presented preliminary findings from IDF Europe's research mapping the quality of diabetes education and self-management support across European countries.

CHALLENGES

She highlighted several persistent challenges. Although **structured diabetes education** is widely recognised in national guidelines, its **implementation** often remains **inconsistent** and dependent on individual providers. Access also varies between and within countries, with more **specialised education only available in larger cities and hospitals**. Education is frequently **concentrated around diagnosis**, rather than provided as an ongoing resource throughout the life course.

Other gaps include insufficient education on **diabetes-related risk factors** beyond glycaemic control, particularly for people living with T2D in primary care and **younger people with T2D**. Education also needs to be better tailored to **individual needs**, with improved access to **psychological support** for all PwD. **Workforce shortages** further constrain the time available for education, highlighting the need to strengthen training pathways for diabetes educators.

OPPORTUNITIES

Despite these challenges, **countries recognise the importance of diabetes education** and are exploring different approaches to expand its reach. These include group and remote education, support from **diabetes associations** and **peer networks**, greater **awareness** of the need for personalised and psychologically informed support, and emerging **training pathways for diabetes educators**.

Turning to **digital innovation**, Martina highlighted its potential to make education more accessible, personalised, flexible and continuous. However, **digital tools are not yet consistently integrated into routine diabetes care**. Without effective implementation, they risk reproducing existing barriers rather than addressing them.

"The question is not whether to use digital innovation, but how to integrate it effectively into diabetes education to respond to people's needs, reduce inequalities and improve health outcomes and quality of life." This provided a starting point for the symposium's wider discussion on how AI and digital technologies can complement existing approaches and support more continuous, responsive and effective diabetes education.



FROM INNOVATION TO HEALTH SYSTEM ADOPTION



Prof. Trenell highlighted the gap between rapid innovation in diabetes technology and the slower pace of change in healthcare delivery. Despite significant advances over the past two decades, the number of PwD continues to rise, while specialist workforces and traditional care models struggle to meet growing needs. As he noted, ***“Knowledge is now abundant [...] What hasn’t changed is the way we practise care.”***

He argued that AI offers an opportunity to bridge this gap by **combining personalisation with scalability**. While standardised content can reach large numbers of people, individualised support is often limited by workforce capacity. AI could help overcome this divide by adapting guidance to people’s language, health literacy, culture, treatment and routines, supporting practical decision-making beyond simply providing information. As Prof. Trenell emphasised, ***“It’s not just about knowing what to do; it’s about how to do it.”***



However, he stressed that innovation must be implemented safely and responsibly, within trusted and regulated environments. He outlined four key principles for AI in diabetes:

- **Regulation**
- **Evaluation based on outcomes**
- **Equity of access**
- **Integration into existing care pathways**

AI-DRIVEN DIGITAL HEALTH FOR DIABETES SELF-MANAGEMENT



Prof. Carlsson described how AI could improve diabetes self-management and clinical practice by addressing **fragmented data** and **inconsistencies in care**. He highlighted how information from continuous glucose monitoring (CGM) systems, insulin pumps, pens and other technologies remains scattered across platforms, making interpretation time-consuming and subjective. As a result, clinical decisions may vary between HCPs.

He outlined four key opportunities for AI:

- Providing PwD with **personalised guidance between visits**;
- Supporting HCPs with faster, **more consistent interpretation of glucose and insulin data**;
- Enabling **follow-up based on individual needs** rather than fixed appointment schedules;
- Identifying people at risk who may require **timely intervention**.



Prof. Carlsson emphasised that AI should support rather than replace shared decision-making between HCPs and PwD. While automation can assist with data interpretation, decisions about care should remain collaborative, combining AI-generated insights with clinical expertise and the experiences, preferences and needs of PwD. Integrating AI into clinical practice could reduce HCPs’ workload, improve consultation efficiency and free up time for direct interaction. **Ultimately, these approaches could support more continuous, consistent and equitable care, improve resource use and strengthen prevention, early intervention and health outcomes.**

PANEL DISCUSSION: REDESIGNING DIABETES EDUCATION IN THE AI ERA

The panel brought together diabetes advocate Erik Werson, Prof. Sufyan Hussain, Dr. Rita Forde, Dr. Emma Wilmot and Prof. Gauden Galea to explore how AI could reshape diabetes education. Drawing on their different perspectives and experiences, the discussion examined how AI could make education more personalised, practical and continuous, while addressing the challenges of ensuring that new technologies are evidence-based, accessible and integrated into care in ways that respond to people's needs.



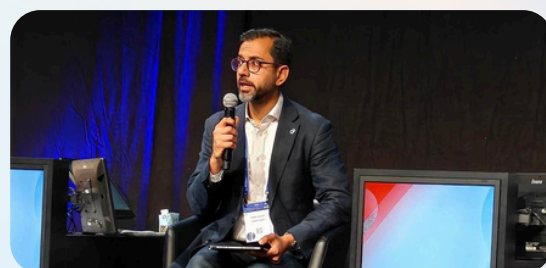
Erik Werson reflected on his experience of living with diabetes for almost three decades, highlighting how diabetes education and self-management support have changed. Following his diagnosis, he received limited guidance and had to learn much of what he needed to know on his own or through conversations with other PwD. While technologies such as CGM have significantly improved access to information, he stressed that **“the key challenge is the practical capability”**: understanding how to translate data into everyday decisions about meals, exercise and stress management, recognising that **“no day is the same”**.

He highlighted the potential of digital tools and AI to provide personalised education, ongoing guidance and coaching between healthcare appointments. Reflecting on his own experience, he explained: **“I needed a buddy, someone that I could turn to to ask questions and help me interpret my values and suggest things and adjustments.”** However, he emphasised that technology is only useful if people can access and use it, taking into account differences in digital access and health literacy. As he concluded, **“The goal for me should not be giving everyone an app but giving them insights in their situation and advice to how they can practically do things to move forward.”**



Responding to how to ensure PwD remain in control of decisions about their health, Prof. Hussain emphasised the importance of **co-design involving both PwD and HCPs**. As AI is increasingly used to access education and embedded into technologies such as CGMs, he stressed the **need for tools to be accountable, evidence-based and fit for purpose**. Involving PwD in developing these solutions is essential to ensuring they respond to their real needs.

Prof. Hussain highlighted AI's potential to support the **wider delivery of structured education programmes**, while reducing the resources required to reach more people. Looking ahead, he suggested that integrating AI with other tools, such as calendars, could help deliver **more personalised guidance at the right moment**, reducing the cognitive burden of self-management.



However, he also raised an important challenge: **education alone does not necessarily lead to behaviour change**. The next step is therefore to understand how AI-supported education can help people translate knowledge into sustainable changes in their everyday lives, while keeping them actively involved in decisions about their care.



Dr. Forde highlighted how AI and digital technologies are changing both the education offered to PwD and the role of HCPs. She described a **shift from “episodic conversations”** in clinical settings **towards more continuous, data-informed exchanges** that can respond to people's changing needs in real time. By helping identify patterns across the growing amount of data generated by diabetes technologies, **AI could support more meaningful consultations tailored to each person's circumstances.**

However, she stressed that technology should support, rather than replace, people's involvement in decisions about their care. This requires **new competencies among nurses and other HCPs**, including digital literacy, the ability to interpret AI-generated insights critically and an **understanding of data quality, privacy, bias and clinical safety.** She also highlighted practical challenges around integrating these tools into existing workflows, as well as the risk that inequalities in digital literacy, access and confidence among PwD could widen existing health outcomes.

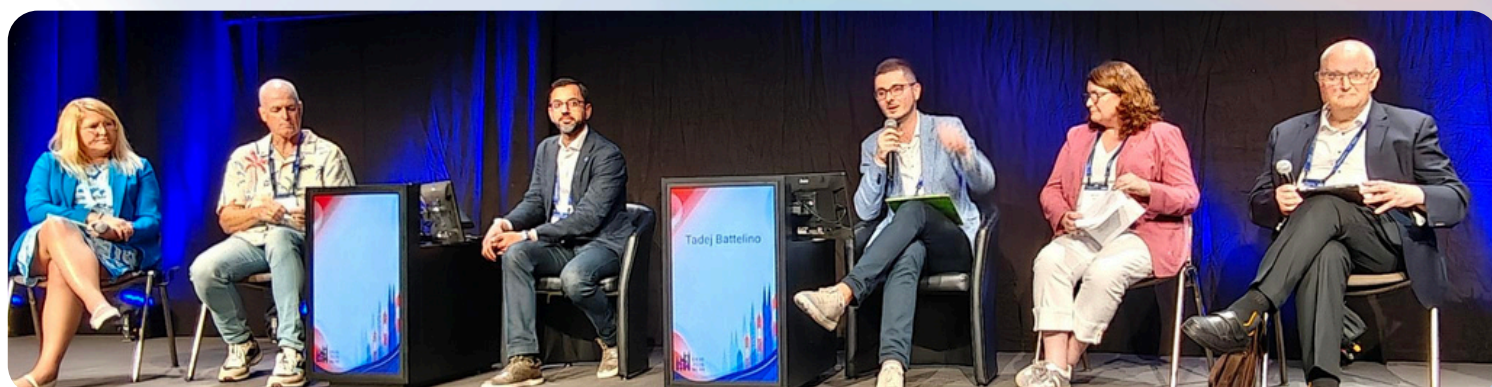


Concluding, Dr. Forde encouraged diabetes nurses to shift their focus from what AI can do in itself to how it can meaningfully improve people's lives, asking: **“How can we use AI to really help this person to live well with diabetes?”**



Dr. Wilmot highlighted the importance of ensuring that AI solutions truly address the unmet needs in diabetes care if they are to be successfully integrated into clinical practice. Referring to the negative experiences that some people have had with AI, she stressed the **need to build trust and ensure that new technologies offer practical value to both HCPs and PwD.** Despite the growing number of digital health applications available, many have yet to be adopted in routine clinical care, highlighting the importance of **HCP acceptance and meaningful integration into existing clinical practice.**

She emphasised that AI should complement, rather than replace, HCPs and the **human support** they provide, particularly the value of **peer support**, which technology cannot replicate. In conclusion, she stressed that the development and implementation of AI solutions must start by **listening to PwD**, understanding their priorities and ensuring that innovation responds to their needs.





Prof. Galea highlighted three key gaps that need to be addressed to integrate AI into standard diabetes care:

- The gap between **rapid advances in AI capabilities** and their **application in healthcare**
- The gap between **research evidence** and **evidence of effective implementation**
- The **unequal distribution of benefits**, which risks leaving lower-income populations further behind

While regulation and professional concerns can slow adoption, he stressed the need for **appropriate regulatory frameworks** and **greater involvement of the research community**. He also noted that promising AI solutions do not always translate into usable interventions.

To address these challenges, Prof. Galea proposed exploring **shared, open-source approaches to AI development in diabetes care**, including common data resources, collaborative research and community-developed benchmarks to help assess the quality and safety of AI-generated advice. He also called on decision-makers to ensure that AI solutions undergo formal **health technology assessment** before being incorporated into care.



Finally, he emphasised that AI tools must be built on **robust digital health infrastructure**, including registries, appropriate consent mechanisms and interoperable systems. Solutions that cannot integrate with existing platforms risk creating costly and unsustainable changes to clinical workflows. Instead, he argued that **“We need to adapt AI to fit our existing care pathways, rather than redesigning care pathways around individual technologies.”**

OPEN DISCUSSION WITH THE AUDIENCE

Following the panel discussion, the audience had the opportunity to ask questions and reflect on the topics discussed.

KEEPING PACE WITH TECHNOLOGICAL DEVELOPMENTS

A remark from the audience addressed the challenge of **evaluating new technologies** at a time when innovation, particularly in AI, is progressing faster than traditional assessment frameworks can accommodate.

Dr. Hussain highlighted how the **open-source community** is developing solutions at a faster pace than conventional healthcare models. By generating **real-world evidence** to demonstrate safety and efficacy, these communities can help accelerate evaluation. However, this requires trust in users' involvement and greater openness from the medical community and regulators towards alternative approaches to evidence generation, helping to overcome existing time and resource constraints.

Prof. Galea noted that alternative trial designs (e.g. adaptive and pragmatic trials, and natural experiments) could help address this challenge. Nevertheless, recommendations must be grounded in **evidence of safety and efficacy**, rather than relying solely on successful pilot projects. From the perspective of national health services, this also requires **new approaches to health technology assessment** (HTA) specifically designed for AI solutions, recognising that the methods traditionally used to assess medicines and medical devices may not be appropriate for these technologies.

He further stressed that each new solution should have a clearly defined purpose, addressing a specific need and considering its downstream implications. For example, improving early detection or screening is only meaningful if the health system has the capacity to respond to the additional needs identified and ensure access to appropriate care.

Prof. Galea also highlighted the importance of **embedding AI implementation within a learning health system**, where each solution has a designated owner, clearly defined key performance indicators and mechanisms to test, measure and adapt its performance. Solutions that do not deliver the expected results should be discontinued through a clearly defined exit strategy.

PERSONALISING AI TO REFLECT PEOPLE'S NEEDS AND CIRCUMSTANCES

A second question focused on **how AI tools can account for the cultural differences, literacy levels and individual circumstances of PwD** (e.g. dietary habits and varying levels of health literacy). The discussion also highlighted the challenge of moving beyond providing information to **supporting meaningful behavioural change** in everyday life.

Erik Werson explained that, although behaviour change is inherently challenging, AI could help people **translate information into practical action**. Rather than simply displaying glucose trends or reporting numerical values, AI tools could suggest concrete steps to improve glucose management and support self-management.

Dr. Hussain added that meeting people's linguistic needs and adapting tools to different cultural contexts are essential. **Supporting behaviour change requires understanding the individual factors that influence people's decisions and the circumstances in which they live.** AI offers opportunities to develop more personalised approaches, but these must account for the specific barriers and triggers that shape each person's ability to change their behaviour.



EXPANDING ACCESS TO EXISTING EDUCATION PROGRAMMES

Another question from the audience highlighted the need to address **gaps in access to existing diabetes education programmes** before focusing exclusively on the introduction of new technologies.

In response, **Dr. Wilmot** acknowledged the gap between the resources already available and the people who access them. She stressed that there is no single solution that meets the needs of every person living with diabetes. She also highlighted the potential for AI to transform diabetes management as technologies become increasingly automated, including through the development of fully closed-loop systems. However, she emphasised that **AI must be implemented on the basis of robust evidence and with PwD at the centre of decision-making**. People should receive the information and evidence they need to make informed choices, while retaining the autonomy to decide what is right for them.

Ultimately, AI could expand the range of options available to support more personalised care. However, this potential must be considered alongside the need to ensure that people can access the education and support that already exist.

CLOSING REMARKS

In his closing remarks, **IDF Europe Board Member, Jaivir Pall**, thanked the IDF Europe team for organising the symposium and acknowledged the essential contribution of IDF Europe's Member Associations, whose continued support underpins much of the organisation's work.



Reflecting on the symposium, he emphasised that AI is becoming increasingly important in healthcare and diabetes management, raising fundamental questions about **how to ensure that technological advances remain centred on people**. Some of the most promising applications are those in which AI is seamlessly integrated into the care process, supporting the interaction between PwD and the healthcare system without necessarily being visible to the individual.

He noted that this shift is already underway, with leading initiatives demonstrating how AI can support increasingly personalised diabetes education. However, as these technologies become more widely implemented, their development and application must continue to account for the social factors that influence people's lives and their ability to benefit from innovation.

Remembering **Bastian Hauck**, Jaivir reiterated the principle of **"#NothingAboutUsWithoutUs"** and emphasised, **"If you are using AI, if you are going to implement technology change, make sure you implement it with people in mind and people involved in the process."**



Explore more: diabetes education, integrated care & personalisation

Interested in learning more about the future of diabetes education in the AI era? Listen to our latest [podcast episode](#), featuring **Dr. Rita Forde** and **Maartje Roskams**, a diabetes nurse and advocate, where we explore the role of diabetes education in supporting self-management, how digital tools and artificial intelligence could transform education and care, and what is needed to ensure these developments remain person-centred and equitable.

This episode builds on our previous podcasts exploring two closely related themes. In an episode on [integrated care](#), our guests discussed what integrated care looks like in practice, why it is essential for people living with chronic conditions and the challenges of scaling up innovative approaches across health systems. In an earlier episode on [personalised care](#), we explored what personalisation means for people living with diabetes and healthcare professionals, what is needed to make it a reality and how new technologies can support its implementation.

Together, these discussions reflect IDF Europe's ongoing commitment to advancing person-centred diabetes care across Europe, recognising the complementary roles of education, personalisation, integrated services and innovation in improving outcomes and ensuring that no one is left behind.

EP. 3 DIABETES EDUCATION IN THE AI ERA





IDF Europe wishes to thank all the speakers and attendees who joined the event and our partner, Air Liquide Healthcare, who helped make the symposium happen.

We look forward to continue collaborating with our community as we drive forward these essential conversations.

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Air Liquide Healthcare is a partner of this symposium