

Additional file 1. Consolidated criteria for reporting qualitative research (COREQ): 32-item checklist	
Item	Guide questions/description
Domain 1: Research team and reflexivity	
<i>Personal characteristics</i>	
1. Interviewer/facilitator	Interviews were conducted by one of the authors (H. Lucas)
2. Credentials	H. Lucas, resident doctor in family medicine
3. Occupation	At the time of the study, H. Lucas was a resident in family medicine, University of Rennes 1
4. Gender	H. Lucas is a woman
5. Experience and training	H. Lucas is a doctor in family medicine. She followed a course by a senior researcher, expert in qualitative research, during her residency
<i>Relationship with participants</i>	
6. Relationship established	Participants were unknown to the researcher before the research start
7. Participants' knowledge of the interviewer	Participants were informed about the study prior to the interviews through a phone call by the interviewer. To increase the participants' recruitment rate and to make them feel comfortable, they could choose the interview place (home or practice).
8. Interviewer's characteristics	The interviewer introduced herself as a student without specifying her medical background, in order not to be perceived as a family doctor, a status that could make participants uncomfortable
Domain 2: Study design	
<i>Theoretical framework</i>	
9. Methodological orientation and theory	Researchers used the reflexive thematic analysis as theoretical background.
<i>Participants' selection</i>	
10. Sampling	Participants were recruited from all people who attended the DSME programme
11. Method of approach	Participants were invited by phone, using the contact information they gave. An appointment time was planned for the interview, in the case of positive answer. If the participant was unavailable, a voice message was left in the answering machine, if possible (two attempts for each participant).
12. Sample size	19
13. Non-participation	27 participants were initially approached. The reasons for non-participation were: being abroad (n=2), refusal to be recorded (n=1), registered but finally did not attend the

	DSME programme (n=2), and could not be reached (n=3).
<i>Setting</i>	
14. Setting of data collection	To make the participants comfortable, they were interviewed either at home or at the primary care practice, according to their choice
15. Presence of non-participants	Only the interviewer and the participant were present at the interview
16. Description of sample	The study samples were patients with T2DM who went to a structured and validated DSME programme at the primary care practice in 2017.
<i>Data collection</i>	
17. Interview guide	The interview guide was developed based on a literature review performed at the beginning of the study and after discussion with a DSME expert and all co-authors. The final version was pilot tested with patients from another primary care practice.
18. Repeat interviews	No repeat interview was planned or carried out.
19. Audio/visual recording	All interviews were digitally recorded and transcribed by the interviewer.
20. Field notes	Field notes were made throughout the interviews.
21. Duration	The average interview duration was 31 minutes, with a maximum of 44 and a minimum of 21 minutes.
22. Data saturation	In reflexive thematic analysis, the saturation is not an issue to discuss.
23. Transcripts returned	Transcripts were not returned to the participants
Domain 3: Analysis and findings	
<i>Data analysis</i>	
24. Number of data coders	E. Allory (associated professor at the Family Medicine Department of Rennes University, expert in qualitative research) and the interviewer did the coding.
25. Description of the coding tree	Authors met regularly to discuss interviews, coding and themes.
26. Derivation of themes	Themes were partly identified from the literature and partly derived from the interview data.
27. Software	No software was used. The analysis was done manually.
28. Participant checking	Participants were not invited to check the analysis
<i>Reporting</i>	
29. Quotations presented	Quotations from participants were used and assigned individual numeric codes to respect the interviewees' anonymity (e.g.,: P1, P6...)
30. Data and findings consistent	There was consistency between data and findings.
31. Clarity of major themes	Major themes were generated, presented, and illustrated with quotes

32. Clarity of minor themes	Minor themes were analysed, but not presented due to lack of space
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