Engaged in insulin initiation

‘Overall I consider the initiation of insulin therapy as a job for GPs. Nevertheless I still refer some patients to a specialist. It depends on the complexity of the case and the choice of the patients.” (one-to-one interview; GP 2)

Not engaged in insulin initiation

‘In my opinion, the initiation of insulin therapy is too demanding. It is not my first priority in diabetes care. I prefer to delegate this job to the specialists.’ (one-to-one interview; GP 1)

Engaged in insulin initiation

‘The program acknowledges my role in diabetes care. Before I needed to refer my patients, now I can manage it myself.’ (focus group; GP 2)

Subjective norm

Not engaged in insulin initiation

I don’t believe specialists are prepared to return some work back to the primary care setting. I don’t believe this program will succeed in changing the current situation and for that reason I did not participate.’ (one-to-one interview; GP 11)

Engaged in insulin initiation

‘The program makes my job much easier. Before I had to do everything myself. Now I can rely on the program for education and the distribution of SMGMB material.’ (focus group; GP 4)

Perceived behavioural control

Not engaged in insulin initiation

‘We cannot compete with specialists. Specialists are more familiar with and competent for the initiation of insulin therapy. I can live with that.’ (one-to-one interview; GP 15)