

**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)

Attitude

**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 SMGB 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)

