Patient education is one key aspect required to support people in self-management of their condition. Professionals delivering patient education require knowledge of diabetes as well as skills and competencies in teaching, education and learning. Professional education on diabetes tends to be based on knowledge and skills which makes the paper by Kapur et al. in this issue particularly interesting.

Kapur et al. have evaluated their education programme for its immediate effects but also for its impact on diabetes teams and service delivery. The longitudinal aspect of the education programme strengthens the deeper learning evident. Kapur et al. have taken education beyond the rhetoric and promoted accountability of professionals to change their practice through team building and by working and learning together.

The high response rate to the questionnaires is to be expected and there are no surprises in the results. Kirkpatrick’s evaluation methodology indicates that all four levels were employed in assessing this course: evaluating the course; assessment of learning; applying new aptitudes into another situation; and the implementation of long-term plans. Kapur et al. utilise reflection that is a powerful method for analysing situations and developing principles for future practice, and action plans that promote accountability. Attitudes and perceptions around initiating insulin in people with type 2 diabetes can interfere with clinical decision making, and the move from viewing this as a failure in India is a positive step.

The overall top actions taken relate to the preparation of staff and altering the structure of care delivery. While professional education can be delivered in different countries, teams can develop action plans that are appropriate for their own context and so ensure that the education is pertinent and relevant, regardless of the health care system. Engaging staff to find solutions to local problems is the philosophy behind the NHS initiative ‘Releasing time to care’ and should be encouraged.

Time away from clinical responsibilities appears to have produced positive outcomes. Kapur et al. have demonstrated that educational courses can have a direct impact on clinical care if so structured.

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References