

Does the quote refer to barriers or facilitators of the target behaviours ^A ? [If yes, continue]				
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Does the quote relate to [Note: it is possible that more than one of the following applies] ...				
... pharmacists' own cognitive or informational resources?	... pharmacists' planning of actions or reflections on past, current or future medication review practice?	... pharmacists' reactions, wants or needs, impulses, inhibitions or reflexive actions [rather than reasoned actions]?	... resources available to pharmacists or rules (e.g. health board directives) affecting pharmacists?	... interpersonal relationships of pharmacists with other practice staff or practice culture?
↓	↓	↓	↓	↓
If yes, choose from the following 'capability' domains:	If yes, choose from the following 'reflective motivation' domains:	If yes, choose from the following 'automatic motivation' domains:	If yes, code Environmental context and resources ^B [Note: Consider coding impact on capability, reflective or automatic motivation domains]	If yes, code Social Influences ^B [Note: Consider coding impact on capability, reflective or automatic motivation domains]
Knowledge ^B – Awareness of or familiarity with sources of information needed to inform clinical decision making or implementation processes [Note: where judgement is involved, consider skills or decision making] Skills ^B – Abilities acquired or attainable through training or experience [rather than just ability to access or recall information = knowledge] Memory, attention and decision making processes ^B – Ability to process information and make appropriate clinical decisions [Note: this includes decisions around prioritising patients for review] Behavioural regulation ^B - Ability to manage, organise or prioritise work within practice [Note: where reference is made to competing demands, also consider environmental context and resources, social influences]	Beliefs about capabilities ^B – Confidence in own abilities relating to intervention implementation [Note: where this relates to the pharmacist's professional role, consider professional/social role and identity] Professional/social role and identity ^B Perceptions of the scope of practice, responsibilities and boundaries of practice pharmacists Beliefs about consequences ^B - Expectations of the impact of the intervention on patient outcomes, pharmacists' work, or their work environment Goals ^B – Expressions of personal or professional aims [Note: Code only if this appears to go beyond fulfilment of 'usual' professional role] Optimism ^B – Expressions of trust in the feasibility and benefits of the intervention [Note: Only code when there is an element of trust; otherwise code beliefs about consequences] Intentions ^B – Commitment to implement the intervention [Note: only code if commitment is explicit]	Emotion ^B – Pharmacists' feelings towards implementing the intervention [Note: Consider coding environmental context and resources, social influences as sources of emotions] Reinforcement ^B – Stimuli for pharmacists to engage (or not) in intervention implementation [Note: Consider coding environmental context and resources, social influences as sources of reinforcement]		

A: Targeted behaviours are: pharmacist conducting case note reviews of DTRs identified by the P-DQIP tool and collaborate with GPs in DTR management; B: Where in doubt as to whether a quote reflects one domain or another, please code both. Where quotes reflect a cause and effect relationship between two or more domains, please code both the cause and the effect.

