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| **Item No.** | **Topic** | **Guide Questions/Description** | **Response / reported on Page No.** |
| **Domains 1: Research team and reflexivity** | | | |
| Personal characteristics | | | |
| 1 | Interviewer/facilitator | Which author/s conducted the interview or focus group? | SS and DB / Page 4 |
| 2 | Credentials | What were the researcher’s credentials? E.g. PhD, MD | SS’s credentials were ‘MPharm’ and DB’s credentials were ‘BPharm, PhD’ / Not reported in manuscript |
| 3 | Occupation | What was their occupation at the time of the study? | SS was a UK registered pharmacist who was undertaking a PhD in pharmacy practice and DB was a UK registered pharmacist and Senior Lecturer in Health Services Research / Page 4 |
| 4 | Gender | Was the researcher male or female? | SS (male) and DB (female) / Not reported in manuscript |
| 5 | Experience and training | What experience or training did the researcher have? | SS completed training in qualitative research methodology and the principles and practice of behaviour change research / Not reported in manuscript |
| Relationship with participants | | | |
| 6 | Relationship established | Was a relationship established prior to study commencement? | There were no established relationships between the researchers and the focus group participants. A relationship was established between the researchers and gatekeepers for each group of participants for the purposes of recruitment / Page 3 |
| 7 | Participant knowledge of the interviewer | What did the participants know about the researcher? e.g. personal goals, reasons for doing the research | Participants were informed that the researchers (SS/DB) were pharmacists and they were informed of the research aims / Pages 3&4 |
| 8 | Interviewer characteristics | What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic | Participants were informed that the researchers (SS/DB) were pharmacists, of the research aims and that the research was being undertaken as part of SS’s PhD / Not reported in manuscript |
| **Domain 2: Study design** | | | |
| Theoretical framework | | | |
| 9 | Methodological orientation and Theory | What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis | Thematic analysis as described by Braun and Clark underpinned by the Theoretical Domains Framework / Pages 4&5 |
| Participant selection | | | |
| 10 | Sampling | How were participants selected? e.g. purposive, convenience, consecutive, snowball | Participants were purposively sampled across four UK hospitals to maximise variation in demographic and practitioner seniority grade / Page 3 |
| 11 | Method of approach | How were participants approached? e.g. face-to-face, telephone, mail, email | All potentially eligible participants at the hospital sites were invited by email from a nominated gatekeeper of their respective specialities / Page 3 |
| 12 | Sample size | How many participants were in the study? | 54 participants (28 geriatricians and 26 pharmacists) / Page 5 |
| 13 | Non-participation | How many people refused to participate or dropped out? Reasons? | All geriatricians and pharmacists who were purposively sampled agreed to participate in the focus groups. No participants dropped out. / Page 5 |
| Setting | | | |
| 14 | Setting of data collection | Where was the data collected? e.g. home, clinic, workplace | All focus groups were convened in meeting rooms and the respective hospital sites / Page 4 |
| 15 | Presence of non- participants | Was anyone else present besides the participants and researchers? | No / Not explicitly reported in manuscript |
| 16 | Description of sample | What are the important characteristics of the sample? e.g. demographic data, date | Refer to table 1 for demographic data and data were collected between February and May 2018 / Pages 4&5 |
| Data collection | | | |
| 17 | Interview guide | Were questions, prompts, guides provided by the authors? Was it pilot tested? | A semi-structured topic guide was designed to illicit participants’ views regarding the following:   1. Perception of existing deprescribing practice 2. Barriers to increasing deprescribing practice 3. Enablers for increasing deprescribing practice   Probes to explore the 14 TDF domains were also included and used where necessary. See supplementary file 2 for the full topic guide / Pages 3&4 |
| 18 | Repeat interviews | Were repeat inter views carried out? If yes, how many? | No / Not explicitly reported in manuscript |
| 19 | Audio/visual recording | Did the research use audio or visual recording to collect the data? | Focus groups discussions were audio recorded / Page 4 |
| 20 | Field notes | Were field notes made during and/or after the interview or focus group? | Field notes were made during the focus groups and referred to during analysis / Page 4 |
| 21 | Duration | What was the duration of the interviews or focus group? | The mean (SD) focus group duration was 55 (5) minutes / Page 5 |
| 22 | Data saturation | Was data saturation discussed? | To determine whether data saturation had been achieved, the principles for deciding saturation in theory-based qualitative studies outlined by Francis et al. were followed. Themes were recurring after the third focus group and no new themes emerged after the sixth focus group. / Pages 3&6 |
| 23 | Transcripts returned | Were transcripts returned to participants for comment and/or correction | No / Not explicitly reported in manuscript |
| **Domain 3: Analysis and findings** | | | |
| Data analysis | | | |
| 24 | Number of data coders | How many data coders coded the data? | SS inductively coded for the thematic analysis which was checked by MJT (qualitative research expert). SS and DB mapped codes to the TDF which was checked by JT (health psychologist). / Pages 4&5 |
| 25 | Description of the coding tree | Did authors provide a description of the coding tree? | The TDF was used as a basis for the coding tree (refer to table 2) / Pages 11-15 |
| 26 | Derivation of themes | Were themes identified in advance or derived from the data? | Inductive and deductive approaches were utilised to identify the key themes relating to deprescribing for older people in hospital. The phase 1 thematic analysis involved inductive coding of data and thus no pre-determined themes were applied. For the phase 2 mapping to the TDF, the pre-defined domains were deductively applied to the phase 1 data. / Pages 4&5 |
| 27 | Software | What software, if applicable, was used to manage the data? | Data were managed using NVivo 11 (QSR International, Melbourne, Australia) / Page 4 |
| 28 | Participant checking | Did participants provide feedback on the findings? | No / Not explicitly reported in manuscript |
| Reporting | | | |
| 29 | Quotations presented | Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number | Quotations are provided to contextualise novel concepts and participant/hospital numbers are provided. / Pages 6-9 |
| 30 | Data and findings consistent | Was there consistency between the data presented and the findings? | Data including quotations are provided in a manner consistent with the findings / Refer to results and discussion |
| 31 | Clarity of major themes | Were major themes clearly presented in the findings? | The four major themes are presented and explained in the results section / Pages 6-9 |
| 32 | Clarity of minor themes | Is there a description of diverse cases or discussion of minor themes? | Divergence between geriatricians and pharmacists are reported and explained in the results and discussed in the discussion. The TDF domains which were mapped onto the four major themes and the constituent inductive codes (and the relationships between the three) are presented in table 2. / Refer to results and dicsussion |