What does it take to change practice? Perspectives of pharmacists in Ontario

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Pharmacy is constantly talking about the need to change, but rarely do we have an opportunity to actually study the profession as it is actually in the process of changing. Reflecting upon how the profession has adapted to significant changes over the past decade can help us better anticipate future possibilities and be more strategic in how we respond to the ongoing evolution of our health care system.

On évoque constamment la nécessité de modifier la pratique de la pharmacie, mais rarement avons-nous eu la possibilité d'étudier réellement la profession alors qu'elle traverse une période de transformation. L'examen de la manière dont la profession a su s'adapter aux changements considérables survenus au cours de la dernière décennie peut nous aider à mieux anticiper les possibilités futures et à adopter une approche plus stratégique pour nous adapter à l'évolution constante de notre système de soins de santé.

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DOI:10.1177/1715163517742677

ABSTRACT

Background: This is a time of rapid change in the profession of pharmacy. Anecdotally, there are concerns that the pace, extent and rate of practice evolution are lagging. There is little evidence documenting the influencers and mechanisms that drive practice changes forward in pharmacy in Canada.

Methods: An exploratory qualitative method was selected, using both one-on-one interviews with self-categorized typical pharmacists and larger focus groups to provide context and confirmation of themes generated through interviews. Data were analyzed and coded using a constant-comparative iterative method, in order to generate themes related to the factors influencing pharmacists to actually change their practice.

Results: A total of 46 pharmacists meeting inclusion criteria participated in this study in

focus groups, interviews or both. Nine themes were identified: 1) permission, 2) process pointers, 3) practice/rehearsal, 4) positive reinforcement, 5) personalized attention, 6) peer referencing, 7) physician acceptance, 8) patients' expectations and 9) professional identity supportive of a truly clinical role. One theme that did not emerge was payment, or remuneration, as a specific or isolated motivational factor for change.

Interpretation: The complexity of practice change in pharmacy and the multiple factors highlighted in this study point to a more deliberate and concerted effort being needed by diverse pharmacy organizations (educators, regulators, employers, professional associations, etc.) to support pharmacists through the change management process.

Conclusions: The "9 Ps of practice change" identified through this study can provide pharmacists with guidance in terms of how to better support evolution of the profession in a more time-efficient and effective manner. *Can Pharm J (Ott)* 2018;151:43-50.

Background

For over a decade, there has been considerable discussion and lamentation regarding the slow rate of change within the profession of pharmacy.¹ Across Canada, pharmacists have been supported by a variety of regulatory changes and provided with remuneration options designed to support provision of patient-focused medication

therapy management services, and yet there is a widespread belief that pharmacists have "not stepped up to the plate" and adapted to new realities and opportunities with sufficient speed or commitment.^{2,3} This perception has been rationalized in different ways and frequently framed as "barriers to practice change"⁴: for some, it is evidence of a chronic self-confidence problem⁵;

KNOWLEDGE INTO PRACTICE

- Practice change is a complex amalgam of environmental, contextual and personal/psychological factors.
- Practice change may happen without support, in a haphazard, slow and disorganized manner.
- Supporting practice change in pharmacy requires diverse stakeholders to collaborate to address the 9 Ps of practice change highlighted in this study.
- Providing support for practice change in a structured and organized manner may accelerate the pace and extent of change and may provide pharmacists with the confidence and skills needed to enhance quality of care and services provided.

for others, it relates to fundamental personality traits⁶; and for others, it reflects inertia or unrealistic expectations for remuneration.⁷

The experience of pharmacists in Ontario is illustrative: for the past decade, pharmacists have had access to revenue-generating tools (such as MedsCheck and Pharmaceutical Opinions), expanded scope of practice (e.g., administration of influenza shots, ability to independently modify/adapt/renew prescriptions) and structural supports (such as regulated pharmacy technicians) all aligned to support patient-focused medication therapy management. Furthermore, there has been a systematic degradation of the professional fee structure to financially disincentivize pharmacist-driven dispensing practice. Despite these changes, there is a continuing perception that Ontario pharmacists have been slow to adapt, slow to adopt and slow to accept the realities of change in their profession.⁸

There is abundant literature related to change management theories and practices.^{9,10} Within health professions, there has been little empirical study of how practice change actually occurs in the real world. In large part, this is likely due to the longitudinal nature of practice change itself: regulatory change can take years or decades to be fully realized in day-to-day professional practice. Anecdotal evidence suggests that in Ontario (as in other jurisdictions in Canada), pharmacy practice change is occurring but at a pace much slower than expected, predicted or desired.¹¹

Objective

The objective of this research was to examine the real-world experience of practice change from the perspective of community pharmacists in

Ontario and to identify factors or facets of the change management process that were most impactful in helping these pharmacists address self-perceived “barriers to practice change.”

Method

Community pharmacists working within traditional dispensary settings were the focus of this study; those working in nontraditional primary care settings (e.g., family health teams) were excluded from this study, given the unique nature of their practices. Inclusion criteria included 1) licensure as a pharmacist in Ontario for a minimum of 10 years, 2) active patient-facing practice involving care of and contact with patients for at least 20 hours/week in the past 5 years and 3) self-identification, self-categorization and self-reporting as a “typical,” “normal” or “average” pharmacist. As the focus of this study was on the everyday experience of practice change, we specifically excluded those who considered themselves to be early adopters of change or pioneers.

This research was exploratory in nature, and consequently a qualitative research design was selected. A snowballing sampling method was used, in which community pharmacists who were initially recruited to participate in this study were encouraged to invite or nominate other colleagues who they thought might be interested in participating. Recruitment flyers and word of mouth were initially used to identify study participants; upon confirming interest in participating, informed consent was solicited and received pursuant to a University of Toronto Research Ethics Board–approved protocol.

Two major data-gathering strategies were used: interviews with individual participants to gather initial data and stories, followed by focus groups designed to support analysis and confirmation of themes generated through the interviews. This method of combining data from interviews and focus groups in an iterative fashion was initially proposed by Yin¹² as a tool for facilitating both breadth and depth in qualitative research. In this approach, focus groups are initially used to identify broad themes, which can then be explored in depth through individual interviews, which in turn can be validated and member checked through subsequent focus groups in an iterative manner. Participants were invited to contribute to either or both interviews or focus groups depending upon their interest

and availability. Interviews and focus groups were undertaken using semi-structured interview protocols (Appendix 1, available in the online version of the article) designed to elicit both specific experiences and participants' self-reflections related to the practice change process. To ensure trustworthiness of data analysis, 1 researcher led all interviews and focus groups, while 2 researchers independently reviewed all data and transcripts, using a constant-comparative, iterative coding process. Verbatim transcripts were produced from both interviews and focus groups, and data were managed and analyzed using NVivo v9 (QSR International, Cambridge, MA). Data analysis occurred as soon after data gathering as possible, as a way of informing subsequent interviews or focus groups, as described by Yin.¹² A third reviewer was available to address disagreements in interpretation and coding. The objective of data analysis was to determine recurring patterns and underlying themes within the specific words and phrases used by participants, even when these words and phrases were different. Data from individual interviews were then presented to focus groups (consisting of 7-9 participants) who answered the same questions and then served as validation panels for codes and themes identified by the researchers. While interviews and focus groups typically do yield different types of data, due to the differences between group-based and one-on-one discussions, this iterative combined method may be used as a way of blending positive aspects of both methods and to triangulate findings to enhance reliability of reporting. Participants in this research received a small gift card to acknowledge their time and contribution.

Results and discussion

Based on initial use of recruitment flyers and word of mouth, a total of 17 individuals agreed to participate in this study. Through the snowballing sampling method described above, an additional 29 individuals agreed to participate, for a total of 46 participants, all of whom met inclusion criteria. Within the confines of the qualitative method described above, specific attempts were made to ensure indicativeness of the participants with respect to geography, age, sex, years in practice, practice setting and so on (Table 1). Of the total pool of 46 participants, 16 participated in individual one-on-one interviews and 32 participated in focus groups

MISE EN PRATIQUE DES CONNAISSANCES

- L'évolution de la pratique est influencée par un ensemble complexe de facteurs environnementaux, contextuels, personnels et psychologiques.
- Sans structure d'appui, le changement peut toutefois survenir d'une manière fortuite, lente et désordonnée.
- Le soutien au changement dans l'exercice de la pharmacie exige la collaboration de divers intervenants en vue de réaliser les neuf aspects de l'évolution de la pratique mis en lumière dans cette étude.
- Un soutien structuré et ordonné pourrait accélérer le rythme et l'étendue du changement et donner aux pharmaciens la confiance et les compétences dont ils ont besoin pour améliorer la qualité des soins et des services offerts.

(2 individuals participated in both an interview and a focus group). A total of 4 focus groups were held, each consisting of 8 participants.

The analysis method used for this research resulted in multiple iterations of codes and themes that were continuously refined through subsequent interviews and focus groups with participants. Ultimately, 9 significant themes relevant to the process of practice change in community pharmacy practice in Ontario emerged (see Figure 1, highlighting sample transcript excerpts related to each theme). These "9 Ps of practice change" emerged as a somewhat nonlinear sequence of events or steps that participants identified as necessary for them, as individuals, to feel comfortable and confident in assuming new roles and responsibilities in practice. The following themes are based upon the combined set of data gathered from both interviews and focus groups. This approach is intended to facilitate understanding of the data and serve as a mnemonic, not as a marketing tool.

Permission

All research participants highlighted the importance and value of changes in regulation associated with expanded scope of practice. The need for a regulatory context to support new roles and responsibilities was highlighted as "a first step" in the process, without which practice change is not possible. Examples frequently cited related to permission to change included enabling legislation to support pharmacists as immunizers, or confidence in knowing pharmacy technicians were being regulated in a manner similar to pharmacists. While "permission" (in a legal, regulatory

TABLE 1 Demographic profile of study participants ($n = 46$ total)*

	Value
Interview participants ($n = 16$)	
Sex (M:F)	5:11
Age, mean (range), y	45.5 (32-66)
Years in practice, mean (range)	16.1 (10-45)
Location of primary practice, n	
Large city (>500,000 people)	6
Midsize city (between 100,000 and 500,000 people)	5
Small city (<100,000 people)	5
Type of primary practice, n	
Independent	5
Chain	5
Grocery store	2
Banner	2
Other	2
Focus group participants ($n = 32$)	
Sex (M:F)	9:23
Age, mean (range), y	43.3 (31-63)
Years in practice, mean (range)	14.2 (10-37)
Location of primary practice	
Large city (>500,000 people)	11
Midsize city (between 100,000 and 500,000 people)	11
Small city (<100,000 people)	10
Type of primary practice, n	
Independent	9
Chain	15
Grocery store	5
Banner	1
Other	2

*Two individuals contributed as both interview and focus group participants.

sense) to perform new activities was both essential and necessary, virtually all participants stressed that regulatory change, by itself, was insufficient in actually producing practice change at the individual level, highlighting findings from previous research that “allowing is not implementing.”¹⁰

Process pointers

Virtually all research participants agreed that a significant challenge in implementation of practice change occurred after regulatory changes had been enacted. They highlighted a strong desire for explicit procedural guidance on how to actually translate “expanded scope of practice” into day-to-day activities. Many participants indicated that this need for explicit

instructions on how to do expanded scope activities was insufficiently acknowledged by employers, managers, regulators and others, and some expressed frank resentment at the expectation that pharmacists should just “know” how to implement new activities. Most participants identified immunization activities as among the best example of how to move from policy/permission to practising effectively: the existence of formal courses/certification that provided pharmacists with algorithms and process flow models for implementation were deemed to be successful by participants, corroborated by a relatively high uptake of delivery by community pharmacists in the province. Conversely, modification of physicians’ prescriptions was highlighted as

FIGURE 1 Sample transcript excerpts and thematic coding

Question/Prompt	Transcript excerpt	Theme code
How is your practice different today than it was 5 years ago?	<i>Completely different, thanks to the new legislation. Being able to renew or adapt prescriptions for example. That change has been so important, so helpful, for me, I mean to help my patients with something practical. Changing the legislation or regulation was crucial.</i>	Permission
How did you learn to change your practice?	<i>The best thing that happened for me – well, for the whole store – was our regional manager coming and actually demonstrating for us how to do the whole MedsCheck process. He actually did one from start to finish, with the forms, the documentation, all of it. Just seeing how it worked in the store, with our staff and room and everything, made a huge difference. We just needed to see it once, I mean in our store setting, to go from there.</i>	Process Pointer
How did this change come to be part of your day-to-day practice?	<i>Well, the best example is with immunizations, with flu shots. We got a chance, in the course I took at the faculty, to actually practise giving the shots. I mean it was on a dummy or mannequin but still we got to practise it a few times. That made it so much easier to do it for real and feel comfortable and ready.</i>	Practice/Rehearsal
Can you describe how it evolved this way?	<i>I think the real problem, not just for me but maybe for a lot of pharmacists – we are really good and second guessing ourselves, right? I mean, I have a good sense of knowing when I've screwed up but, well, I just never know if I've done things right? It's like being in school, you need the teacher to give you a gold star or pat you on the back and say you got it right. We never get that and so we constantly second guess and worry.</i>	Positive Reinforcement
What were the factors or influences that were most important in helping you to change?	<i>I had taken some online courses (the employer) had developed around helping to improve communication with patients. I attended the conferences, OPA and those sessions too. But, I don't know, it wasn't personal enough, you know? I got the theory, but, maybe it sounds bad but I needed someone to like hold my hand a bit? So when OCP sent in a practice advisor and she actually watched me and gave me some really really good tips based on what she saw me do with my patients, then, well, the videos and lectures made more sense, right?</i>	Personalized Attention
What is the practice change you are most proud of?	<i>I'm way older than any of the other pharmacists in the store so I think they think I can't keep up. A few of them are fresh from U of T, so they have the confidence and the skills to just do the MedsCheck and the renewals and everything. I learned a lot just watching them – I don't think they knew, but I would watch how they did it and that not only helped me to learn it but to get confident because, well, I saw they didn't do everything perfectly and that my experience could help me with that.</i>	Peer Referencing
What do you think are the real barriers to change in pharmacy today?	<i>Let's face it, we are mostly worried about the doctors. No one wants a phone call or a fax from an angry doctor saying you shouldn't do this or that with my patients. Some of the doctors here don't want us to give the 'flu shot because, well, the money, right? If the doctors buy in, [or] when the doctors start recognizing what we do and expect us to [proceed] with flu shots or even prescription renewals, then it will actually start to happen regularly. That's what happened for me.</i>	Physician Acceptance
How would you describe your response to all the changes going on in community pharmacy today?	<i>I have to admit that I'm not really one to embrace changes. I liked pharmacy the way it was, liked it better when we didn't have so many expectations. I admit that... unless a patient would specifically ask me to renew a prescription, I would tell them they have to see the doctor so I could avoid it totally. But once patients start to expect it and actually respect that you can do this for them – that actually literally changes everything. It's not the money or anything else, it's that there's a patient across the counter who you can actually really really help.</i>	Patients' Expectations
How would you describe yourself as a pharmacist?	<i>It's changing so much, isn't it? I think for the better. You know, you have to see yourself not just as a technician or somebody who follows the doctor's orders. That's the way we saw ourselves when I graduated 30 years ago and it was okay then. But now – well, you literally have to see yourself differently, have a whole different picture of what a pharmacist is and does. Not just enforcing the rules, but actually making important decisions. Once you see yourself that way, really and truly see yourself and the job in that way, then the rest of it just kind of happens, I think. You just do it without worrying so much about what the doctor will say or if you got it right or wrong.</i>	Professional Identity
What do you think the real barriers to change are in pharmacy today?	<i>It's not about the money for most of us. It's strange to say that out loud, but true. For most of us, well, it's not like you get paid extra for doing a MedsCheck or giving a flu shot, right? That goes straight to the [corporation]. I mean if we are doing these things and the work is actually meaningful, I think for most pharmacists that is way more important than just a couple of bucks. We probably use remuneration way too much as an excuse when we don't know what else to blame.</i>	Payment

problematic from a process perspective, as many participants indicated they had concerns that manifested as hesitation in terms of how to actually implement this in their practice.

Pharmacists' desire for detailed instructions in terms of how to implement scope of practice change extended further to a need for individualized, practice context-specific instruction.

While general process guidance relevant to all pharmacists was deemed to be helpful in accelerating practice change, context-specific pointers (which allowed pharmacists to customize general guidance to their specific workplace conditions) were also important in supporting confident implementation of new scope activities. Participants in this study highlighted gaps in employer supports, in particular, for providing sufficient, detailed, context-relevant implementation, which in turn limited pharmacists' confidence and interest in undertaking new activities. Specific examples provided by participants included issues with the MedsCheck program of best possible medication history and medication reconciliation, where general guidance was deemed to be insufficient by many participants to actually help pharmacists implement the program in day-to-day practice.

Practice/rehearsal

Participants in this research highlighted the significant stress associated with assuming new responsibilities without sufficient opportunity to actually rehearse in a safe, protected setting. The psychological challenges associated with, for example, assuming full responsibility for a prescription adaptation or modification were highlighted as an example of why uptake of new scope of practice is slow and limited. As noted by several participants, eventually most pharmacists will do a first prescription adaptation, and in most cases, it will be successful and help them build confidence for the next one. The fact that this "first time" happened for most of them in the real world with real patients (rather than in a rehearsal setting) unnecessarily heightened their stress levels, resulting in a corresponding resistance to actually try it that first time. The experience with administration of influenza vaccines was highlighted by many participants as a best practice, insofar as required training programs allocated specific rehearsal time prior to real-world implementation in the pharmacy setting.

Positive reinforcement

For many participants in this study, curiosity was expressed at what was deemed to be a "typical" pharmacist trait of being unnecessarily self-critical. Many pharmacists suggested they were very good at recognizing what they had done wrong but less adept at actually knowing when what they had done had gone well. Aligned with

the need for rehearsal in a safe context, the importance of positive reinforcement by a trusted individual (e.g., a manager, a coach, a physician) was identified as a crucial gap in the implementation process that resulted in a slower-than-necessary uptake of expanded scope of practice activities.

Personalized attention

Most participants recognized an abundance of possible continuing education resources available to them to support implementation of expanded scope activities. While such resources were deemed to be necessary, most pharmacists thought them to be insufficient for actual implementation purposes. The economic and logistical efficiency of bulk or group-based education resulted in a somewhat impersonal learning environment that hindered translation into practice and uptake of new scope activities. While most participants acknowledge the value of group-based education, they also noted that without personal attention to individual needs, concerns or context-specific issues, it was not enough to encourage pharmacists to actually move to the next level with their practice.

Peer referencing

Participants highlighted the somewhat solitary nature of contemporary pharmacy practice and the challenges this produces in terms of benchmarking to colleagues in the field. Particularly during times of rapid change, the value of peer referencing as a tool for shaping attitudes and redirecting behaviours towards the norm can be significant. Knowing what others who are like you are doing in day-to-day practice can be both bracing and informative and helped many pharmacists realize they were falling behind in their profession. While directives from superiors can be dismissed or belittled, the actual experiences of one's peers with practice change were identified as an important motivational factor in change management.

Physician acceptance

A recurring theme in this research related to the central role that acceptance by physicians appears to play in shaping pharmacists' behaviours. Desire to avoid conflict with physicians was frequently cited as a major barrier to practice change; some pharmacists reported a pattern of surreptitious practice change (e.g., adapting prescriptions without notifying the

prescribing physician [in contravention with regulatory policy]) as a way of avoiding potential conflict. Physician acceptance was described as a 2-step process: the first involved education of physicians regarding pharmacists' evolving roles and responsibilities, while the second involved demonstration of the physician's respect for the professionalism and autonomy of the pharmacist. Participants indicated that the need to continuously educate individual physicians and continuously win their respect was both draining and a disincentive to practice change and that a more organized approach from the profession as a whole (rather than individual pharmacists) may have accelerated the practice change process overall.

Patients' expectations

For many participants in this research, one of the most significant drivers of practice change was the needs and expectations of their patients. Several participants frankly admitted to avoiding discussing with patients directly the availability of an expanded scope of practice tools as a way of managing medication therapy management issues; for example, one pharmacist noted that he would simply let the patient know he had to contact the prescriber rather than seeking consent from the patient to independently adapt a prescription to address an error, as a way of avoiding both potential conflict with the physician and deferring responsibility for decision making. As patients became progressively more aware of pharmacists' expanding scope and would ask directly about its applicability to their situation, participants indicated they felt pressured to meet these expectations rather than avoid/defer them. Most participants described this as a constructive, positive pressure, one that ultimately was both empowering and confidence boosting, but highlighted their belief that, without such patient expectation being foisted upon them, practice change might have been delayed or avoided.

Professional identity

In both interviews and focus group discussions, an important theme that emerged repeatedly related to the question of "what is a pharmacist"? For example, several pharmacists highlighted their personal discomfort in touching patients or administering injections, going so far as to note that one of the reasons they selected pharmacy in the first place was to avoid these self-described

distasteful activities. Others noted their personal struggles with making confident decisions in ambiguous situations and taking responsibility for them. Particularly in focus group discussions, there was animated discussion regarding the impact of self-constructed professional identity on one's readiness and ability to assume an expanded scope of practice activities, especially those that were of a more independent or responsible (rather than advisory) nature.

Conspicuously absent as a major theme in this research was a 10th "P": payment. Few participants in this research specifically identified remuneration or payment for services as a significant barrier to expanded scope. For employee-pharmacists, there was a recognition that this remuneration rarely if ever flowed to them directly; for owner-operator pharmacists, there was an indication that even without direct payment for these expanded scope services, quality of professional life would improve significantly and that, in conjunction with other factors highlighted above, would likely be sufficient to motivate practice change.

Strengths of this research include its specific focus on self-identified/self-categorized typical pharmacists and the iterative nature of both data collection through interviews and model verification through focus groups. This approach facilitated both identification and confirmation of themes. Limitations of this research include its narrow geographical remit (Ontario pharmacists only) and the unique circumstances and timing related to Ontario's experience: caution should be exercised in generalizing findings from this study to other circumstances. With over 40 participants, this study is among the most robust qualitative studies undertaken in Canada to examine pharmacy practice change.

The objective of this research was to examine the natural evolution of scope of practice change in the profession of pharmacy. Across different levels of the profession, there has been concern expressed regarding the slow pace of change and uptake of new roles and responsibilities. At times, this has resulted in finger pointing, with pharmacists blaming large anonymous corporations and insensitive leaders, while managers and owners sometimes blame incompetent or overly reticent pharmacists. As highlighted by the findings of this study, the reality is that practice change is complicated. The themes identified through this research can be used by

educators, regulators, managers and pharmacists themselves to take a more coherent and structured approach to practice change management and provide systemwide supports addressing the antecedents to change identified here. To be successful, partnerships between different arms of the profession to constructively align efforts are necessary: for example, the remit of regulators aligns with the need for permission and positive reinforcement, while the remit of educators aligns well with practice/rehearsal, positive reinforcement and personalized attention. A profession-wide change management project, with different organizations assuming leadership responsibility for different facets of the 9 Ps of practice change, while working collaboratively with one another, may be required to foster time- and resource-efficient and effective practice change. Equally, as part of a profession-wide effort, individual pharmacists

should reflect upon their own responses to environmental change and opportunities to ensure we do not react passively, defensively or in ways that may undermine collective attempts to advance the profession and enhance patient care.

Conclusion

This study highlighted the complexity of the practice change process and the diverse opportunities for different parts of the profession to assume leadership in supporting change management. Practice change is occurring in the profession but at a frustratingly slow and erratic pace for some: the 9 Ps of practice change identified through this research can provide stakeholders with options and opportunities to have a more meaningful and direct impact on the change management process and to support pharmacists in achieving their potential. ■

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Author Contributions: P. A. M. Gregory drafted the manuscript, conducted data collection and primary data analysis, and wrote the final draft. At the time this research was conducted, B. Teixeira was a student in the MSc program at the Leslie Dan Faculty of Pharmacy, University of Toronto. She developed the interview protocol, completed the ethics protocol and was responsible for primary data collection and analysis. Z. Austin initiated the project, was responsible for its design and methodology, supervised the project, provided secondary data analysis and reviewed the final draft. All authors approved the final draft of the manuscript.

Declaration of Conflicting Interests: The authors have no conflict of interests to declare.

Funding: Funding for this study was provided by the Ontario College of Pharmacists in the form of an unrestricted educational grant to the University of Toronto.

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