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Mapping The Role Of The Dental Team In Smoking Cessation Practices Within Primary Dental Care : A Scoping Review

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - The review has not yet started.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 7 January 2026 and was last updated on 7 January 2026.

INTRODUCTION

Review question / Objective Population (P) oral healthcare team members (dentists, hygienists, therapists, assistants, technicians); Concept (C) Context (C) primary dental care settings (government dental clinics, university dental clinics, private dental clinics).

Objective:

To systematically map and synthesize existing evidence on the roles and practices of the dental team in supporting smoking cessation.

PCC-derived research questions

"What are the roles of dental team members in delivering smoking cessation practice in a primary care setting?"

Background Around the world, smoking has become one of the significant risk factors in diseases related to tobacco. Smoking-associated oral lesions include abrasions, acute necrotizing ulcerative gingivitis, other periodontal conditions, black hairy tongue, burns and keratotic patches,

leukoplakia, nicotinic stomatitis, palatal erosions, tooth stains, smoker's melanosis, epithelial dysplasia, and squamous-cell carcinoma. Smoking tobacco also affects the oral microbiome, which contributes to the development of oral diseases. Hence, it is a responsibility of healthcare professionals across all disciplines to integrate smoking cessation support into routine care.

Rationale Primary dental care offers a unique and often underutilized clinical setting for tobacco control. Unlike general medical practitioners, dental teams frequently see patients for routine maintenance rather than acute illness, creating repetitive "teachable moments." Furthermore, the visible effects of tobacco in the oral cavity allow clinicians to personalize the advice, linking the patient's habit directly to their current oral health status. A variety of tobacco cessation strategies can be offered by dental professionals, including dentists, dental nurses, dental assistants, dental hygienists, and therapists. However, the delivery of smoking cessation is often made and encouraged

for dentists. Primary healthcare providers have the opportunity to help smokers quit, and dental hygienists play a crucial role in this effort as part of the primary healthcare team. While systematic reviews have established the effectiveness of dental interventions in helping patients quit, there is a fragmentation in the literature regarding how these interventions are operationalized across the team. It is unclear which team members are currently involved, what specific tasks they perform, and where the gaps in the scope of practice are.

METHODS

Strategy of data synthesis Search Strategy Databases: PubMed, Embase, Scopus, Web of Science, Cochrane Library. Grey literature: government and dental association websites articles (e.g., ADA, FDI, WHO Oral Health)

Data extraction

Studies involving members of the oral healthcare team practicing any smoking cessation intervention in a primary dental care setting for patients.

Data synthesis

Evidence will be summarized narratively under the roles of dental team members in smoking cessation and the type of cessation practice made.

Eligibility criteria Studies involving members of the oral healthcare team, such as dentists, dental hygienists, dental therapists, oral health therapists, and dental assistants

Multidisciplinary studies where the oral health team's role in smoking cessation is explicitly described or analysed.

Quantitative, qualitative, or mixed-method studies. Research conducted in dental clinics (public/private/university).

Studies from any country or healthcare system.

Exclusion criteria

Studies focusing solely on tobacco-related oral diseases without discussing cessation interventions or professional roles.

Population-level tobacco control studies with no direct link to oral healthcare delivery.

Source of evidence screening and selection

Following the search, all identified citations will be collated and uploaded into the citation management system EndNote 2025 / Rayyan / Covidence, and duplicates will be removed. The titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. The full text of selected citations will be assessed in detail against the inclusion criteria by two or more independent

reviewers. Reasons for exclusion of sources of evidence at full text that do not meet the inclusion criteria will be recorded and reported. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion or with an additional reviewer(s). The results of the search and the study inclusion process will be reported in full in the final scoping review and presented in a PRISMA flow diagram.

Data management Data will be extracted from papers included in the scoping review using a data form in Microsoft Excel developed by the reviewers. The form will capture specific details on the 'Dental Team' composition, distinguishing between interventions delivered by dentists, dental hygienists/therapists, and dental nurses/assistants. Two reviewers will pilot the form on five randomly selected sources to ensure consistency. Modifications to the form will be made if necessary to capture relevant nuances.

Data will be stored in an encrypted, access restricted institutional drive to ensure confidentiality and integrity. Backups will be made automatically. Only members of the review team will have access to the data repository. No identifiable participant data will be collected.

All decisions, extraction files, and synthesis documents will be archived at the completion of the review to enable reproducibility.

Language restriction Only English language articles will be included.

Country(ies) involved Malaysia.

Keywords Dentist, Dental therapist, Oral healthcare team, Dental professional team, Smoking intervention, Tobacco cessation, Primary dental care, Dental practice.

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