Additional file 6
Salient domains matrix

COM-B	Capabilities				Opportunities		Motivation				
	Phy	Psychological			Social	Physical	Reflexive				Auto
TDF	**SK**	**Knowledge**	**MAD**	**Behavioural regulation**	**Social influence**	**Environment**	**Capabilities**	**Consequences**	**Social and professional role, identity**	**MI**	**EM**
RECORD RISK Current practice: **D: 82%** **M: 84%** **A: 48%**						S-D,M; CS F – computerized records and recall systems; development and use of custom screens (CS) F – time (S) B/F – practice management (CS) B – record and IT systems (CS)	S-D,M; CS F – capabilities scale (not difficult; confident) (S) B/F – record high risk but not low or moderate risk, know should record all risk levels but don't (CS) B – uncertain in ability to ascribe risk (CS) B – not confident ascribing risk (CS)	S-M; CS F – improves quality of care (S) B – no perceived benefit/point if cannot see pts in <6mo intervals (closely linked to RBR) (CS)			
RISK BASED RECALL Current practice: **D: 71%** **M: 73%** **A: 62%**		***Note:*** *Domain excluded as not an intervention target but lack of evidence base cited as key barrier*		S-All; CS F – Usually do (S) B/F – most use routine 6 mo recall, unable to tell if risk based or not due to NB (CS)	S-All; CS F – supported by colleagues (S) B – patients suspicious of shorter interval B – patients only presenting in pain/problem (CS)	S-All; CS F – environment scale (sufficient time; is not difficult to schedule) (S) B –only reimbursed for 6mo recall interval (CS) B/F – IT systems (CS)		S-All; CS F – consequences scale (improves quality of care; improves patient OH) (S) F – seeing pts frequently important even if not paid (CS) B – no perceived benefit/point if not paid for <6mo interval in adults (CS)			
APPLY FLUORIDE VARNISH Current practice: **D: 81%** **M: 67%** A: 18%		S-All; CS; PFB F – knowledge scale (supported by evidence; advocated in guidance) (S) B – frequency of application (CS) B – patients do not know about FV (PFB)			S-D,A ; CS F – social influence scale (supported by colleagues; parents want for children) (S) F – parents/pts request FV (CS) F – Childsmile makes FV more familiar (CS) B – parents/pts do not want (CS) B – do not need to apply FV in GDP as done through Childsmile (CS) B – parents/children do not attend Childsmile sessions, scheduling conflicts (CS)		S-All; CS F – consequences scale (does not have negative consequences; benefits > costs; improves patient OH; prevents caries) (S) F – belief that FC provides protection from decay (CS) F – associated fee (CS) B – perceived benefits insufficient to warrant use (CS)	S-All; CS F – social and professional identity scale (important part of dentist's role; important part of dental team members' roles; dentist's responsibility) (S) B – DCPs trained but do not have opportunity to do (CS)		

Current practice: Guidance recommended behaviours are in **bold**

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PLACE PREVENTIVE FISSURE SEALANTS Current practice: D: 16% **M: 87%** A: 23%					CS F – parents/pts request FS (CS)			CS F – associated fee (CS) F – provide protection (CS) B – concern that FS mask underlying decay (CS)			
DEMONSTRATE OH MAINTENANCE Current practice: **D: 87%** **M: 91%** **A: 71%**					S-A; CS F – social influence scale (supported by colleagues; parents want for children; patients want) (S) F – patients seek, actively request OHA (CS) F – some patients in great need of OHA (CS) B – DOHM, OHA makes patients feel patronized (CS) ***Note***: *Patients did not share this concern, typically wanted DOHM/OHA though some older adults did not think would influence their behaviour* (PFB)	CS B – takes time which is not included/available as part of routine recall appointments (CS) B – do not have models for demonstration (CS) ***Note:*** *Best practice recommendation is to demonstrate on patient, not a model*		CS; PFB F – effective way to encourage good OH (CS) F – benefits of showing > telling patient (CS, PFB) B/F – benefits for children > adults (CS, PFB)	CS F – DCPs consider part of their role (CS) B – DCPs trained but do not have opportunity to do (CS) B – dentists do not feel is their responsibility (CS)		
BITEWING RADIOGRAPHS Current practice: **D: 9%** **M: 63%** **A: 93%**					S-M,A; CS F – social influences scale (parents want for children; patients want) (S) B – cooperation from children (CS) B – patients find BWR uncomfortable (CS)		S-M; CS B – positioning films, quality of films (DIT) B – difficult to do in children (deciduous dentition/young children hardest) (S, CS)	S-M; CS F – consequences scale (does not have negative consequences for dentist; does not have negative consequences for patients) (S) F – BWR show more than can be seen in clinical exam (CS) B – in children and low risk adults, risk of radiation > benefit of BWR (CS)			

Current practice: Guidance recommended behaviours are in **bold**

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ORAL HEALTH ADVICE					CS; PFB F – children especially receptive to advice (CS) F – patients motivated to care for their OH (CS) F – greater awareness in general of OH (CS) F – colleagues, dental team members support preventive care (CS) F – personalized, tailored approach (PFB) F – caring, approachable manner in dentist (PFB) F – dentist's OHA helpful, authoritative (PFB) F – patients assume individual responsibility for OH maintenance; for children joint endeavour with dentist (PFB) B – patient attitudes and beliefs limit receptivity to OHA, preventive care (diet/decay link, whether caries is preventable, prioritizing OH) (CS) B – older patients are set in their ways (CS, PFB) B – dentists' problem > prevention focus (PFB) ***Note:*** *Patients giving feedback all had reasonably good oral health maintenance practices. The patient level barriers cited in the CS may be patients with different levels of oral health maintenance.*	CS; PFB F – customized computer screens (CS) F – sufficient staff (CS) F – sufficient resources (e.g. models, mirrors, printed information) (CS) F – practice has an efficient system for recall and follow up care (CS) F – practice is well managed, good communication among staff, time is made available for preventive care (CS) F – dentists have time to answer questions (PFB) F – dentists have free samples to try (PFB) B – not paid for preventive care (CS) B – insufficient space in practice (CS) B – lack convenient time/day to offer Childsmile sessions (CS)	CS; PFB-A F – have been trained to give preventive care and advice (CS) F – provide a good service to patients (CS) B/F – more recently trained (often younger) dentists give more preventive care and advice (PFB) B – do not have enough training (CS) B – feel lack communication skills necessary for preventive care (CS)	CS; PFB F – purpose of dentistry is prevention, getting pts into habit of attending regularly will lead to better OH (CS) F – OHA changes patient behaviour (PFB) F – positive experiences will encourage children to keep attending (PFB) B – not paid to do preventive care (CS) B – OHA will not change OH of patients as too late to start prevention once problems established (CS)	CS F – my responsibility to deliver general preventive care (DCPs and dentists) (CS) F – patients expect dentist to give OHA/DOHM but would accept from DCPs (nurses) too (PFB) F – patients open to OHA from multiple sources for children's OH in particular (PFB) B –do not get opportunity to deliver preventive care (DCPs, nurses) (CS) B – not my responsibility to give preventive care (dentists)(CS)		

Current practice: Guidance recommended behaviours are in **bold**

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