

Table 1s: Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	5 (Section 1.1)
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	5 (Section 1.2)
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	6 (Section 2.1)
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	6 (Section 2.2)
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	7 (Section 2.4)
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	7 (Section 2.4)
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	7 (Section 2.5)
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	7 (Section 2.5)
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	8 (Section 2.6)
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	8 (Section 2.7)

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	8 (Section 2.8)
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	9 (Section 3.1)
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	10 (Section 3.2)
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	11 (Section 3.3)
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	14 (Section 3.4)
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	14 (Section 3.5)
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	15 (Section 4.1)
Limitations	20	Discuss the limitations of the scoping review process.	17 (Section 4.2)
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	19 (Section 5)
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	20 (Declarations)

JB1 = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 16 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

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Table 2s:List of excluded studies with reasons for exclusion

1. Jones, E., & Cope, A. (2018). Knowledge and attitudes of recently qualified dentists working in Wales towards antimicrobial prescribing and resistance. <i>European Journal of Dental Education</i> , 22(4), e730-e736.	Inadequate information on prescribing patterns
2. Palmer, N. O. A., Martin, M. V., Pealing, R., Ireland, R. S., Roy, K., Smith, A., & Bagg, J. (2001). Antibiotic prescribing knowledge of National Health Service general dental practitioners in England and Scotland. <i>Journal of Antimicrobial Chemotherapy</i> , 47(2), 233-237.	Inadequate information on prescribing patterns
3. Pisarnurakit, P. P., Sooampon, S., & Sooampon, S. (2020). Managing knowledge for health care quality: an investigation of rational antibiotic use among Thai dentists. <i>The International journal of health planning and management</i> , 35(2), 606-613.	Inadequate information on prescribing patterns
4. Coric, A., Grgic, S., Kostic, S., Vukojevic, K., Zovko, R., Radica, N., & Markotic, F. (2020). Attitudes of dental practitioners towards antimicrobial therapy in Croatia and Bosnia and Herzegovina. <i>European journal of dental education</i> , 24(1), 88-94.	Indications for antibiotic prescriptions not mentioned
5. Fluent, M. T., Jacobsen, P. L., & Hicks, L. A. (2016). Considerations for responsible antibiotic use in dentistry. <i>The Journal of the American Dental Association</i> , 147(8), 683-686.	Different aims of the study
6. Šutej, I., Bašić, K., Šegović, S., & Peroš, K. (2024). Antibiotic Prescribing Trends in Dentistry during Ten Years' Period—Croatian National Study. <i>Antibiotics</i> , 13(9), 873.	Indications of antibiotic prescriptions not mentioned
7. Thornhill, M. H., Dayer, M. J., Durkin, M. J., Lockhart, P. B., & Baddour, L. M. (2019). Oral antibiotic prescribing by NHS dentists in England 2010-2017. <i>British dental journal</i> , 227(12), 1044-1050.	Indications of antibiotic prescriptions not mentioned
8. Cope, A. L., Wood, F., Francis, N. A., & Chestnutt, I. G. (2014). General dental practitioners' perceptions of antimicrobial use and resistance: a qualitative interview study. <i>British dental journal</i> , 217(5), E9-E9.	Eligibility criteria not met
9. Kleva, S., Elona, K., Edit, X., Anis, T., Neada, H., & Suida, K. (2022). Approach to the current rational use of antibiotics among the Albanian dentist community. <i>Journal of Pharmacy and Bioallied Sciences</i> , 14(2), 106-113.	Indications of antibiotic prescriptions not mentioned
10. McKay, J., Begley, E., Kerlin, P., O'Carolan, D., Cleary, G., McKenna, G., & Burnett, K. (2020). An analysis of the clinical appropriateness of out-of-hours emergency dental prescribing of antibiotics in Northern Ireland. <i>British Dental Journal</i> , 228(8), 598-603.	Study reports patients perceptions and experiences

11. Ealla, K. K. R., Kumari, N., Sahu, V., Veeraraghavan, V., Peddapalegani, P., Ramani, P., & Ramachandra, S. S. (2023). Antibiotics knowledge, usage, and prescription patterns among dental practitioners in Hyderabad, South India. <i>Cureus</i> , 15(11).	Different study population
12. Garg, A. K., Agrawal, N., Tewari, R. K., Kumar, A., & Chandra, A. (2014). Antibiotic prescription pattern among Indian oral healthcare providers: a cross-sectional survey. <i>Journal of Antimicrobial Chemotherapy</i> , 69(2), 526-528.	Different study population
13. Becker, K., Gurzawska-Comis, K., Klinge, B., Lund, B., & Brunello, G. (2024). Patterns of antibiotic prescription in implant dentistry and antibiotic resistance awareness among European dentists: A questionnaire-based study. <i>Clinical Oral Implants Research</i> , 35(7), 771-780.	Indications of antibiotic prescriptions not mentioned
14. Angarita-Díaz, M. D. P., Bernal-Cepeda, L., Rodriguez-Paz, M., Vergara-Mercado, M., Herrera-Herrera, A., Forero-Escobar, D., ... & Vergara-Bobadilla, H. (2021). Prescribing antibiotics by dentists in Colombia: Toward a conscientious prescription. <i>Journal of Public Health Dentistry</i> , 81(2), 100-112.	Different study population
15. Fee, L. (2016). The path of least resistance in oral surgery.	Guidance
16. Cope, A. L., Francis, N. A., Wood, F., & Chestnutt, I. G. (2016). Antibiotic prescribing in UK general dental practice: a cross-sectional study. <i>Community dentistry and oral epidemiology</i> , 44(2), 145-153.	Study reports patients perceptions and experiences
17. Bunce, J. T., & Hellyer, P. (2018). Antibiotic resistance and antibiotic prescribing by dentists in England 2007–2016. <i>British dental journal</i> , 225(1), 81-84.	Literature Review