

Self-Inventory Supports

Introduction

The self inventory supports page is designed to help you reflect on your current practice, identify challenges and explore options that may foster your professional growth. It aligns with your responses in Component A – self inventory survey of the QA program offering guidance as you consider areas where you may want to strengthen your knowledge, skills and abilities or seek additional support.

The suggested supports are informed by available research. As research specific to oral health professionals is limited, some insights are drawn from other health professions. These supports are not exhaustive; use your professional judgment to choose the ones that best fit your needs and ensure safe, ethical patient care.

As you complete the self inventory survey each QA program cycle, you will be able to track changes in your practice context over time and focus on what matters most in your setting.

To make the information easy to navigate, the self inventory supports are organized into three areas all of which have potential to influence your professional competence:

- **Personal & career stage** – six individual factors
- **Practice structure** – three operational factors
- **Practice context** – two situational factors

With this context in place, we can now look more closely at the three areas that shape your practice and the supports that may help you navigate them.

1) Personal & career stage

This area looks at where you are in your career and what is happening in your personal or professional life. Factors may include:

- **Age**

- **Years in practice:**
 - New graduate
 - Experienced practitioner

- **Transitions:**
 - **Personal changes** (e.g., bereavement, welcoming a child, health issues, financial stress)
 - **Practice transitions** (e.g., returning after time away, moving provinces, multiple job changes, changes in scope)
 - **Planned exit** (retirement or career change)

Why personal & career stage items matter in your practice

Your career stage and personal circumstances can influence:

- What learning supports you need
- How comfortable you feel navigating change
- Your capacity to participate in QA program activities
- Your confidence, workload balance and readiness to engage in continued professional development (CPD)
- Indicators of an oral health professional's consistency, reliability and continuity within their professional history.

Recognizing these factors helps you understand how your current situation may shape your approach to ongoing learning and professional competence.

Table 1: Personal & career stage

Self-inventory context	Description	Supports (reference number for definition table)	References
Age	As oral health professionals grow older, their extensive experience and clinical judgment continue to be major strengths in practice. At the same time, normal age-related changes can occur over the age of 60 years old, such as shifts in dexterity, vision -or cognitive processing, and may influence how comfortably the oral health professional performs tasks that are highly detailed or physically demanding. These changes may impact the comfort, safety and overall proficiency involved in completing practice tasks. With appropriate supports and adjustments, as an oral health professional ages, the focus should be on how to continue providing safe and effective care.	<ul style="list-style-type: none"> • Continuing professional development (CPD) (2) • Physical and mental health and wellness (5) • Utilize support staff (9) • Work on less complex cases (10) 	1 - 4, 6 - 13
Number of years in practice: New graduates	New oral health graduates (within three years of graduation) often face a higher risk of competence challenges as they are still building clinical confidence and practical skills. Research shows that often new graduates struggle with diagnosing and managing clinical conditions, largely due to limited real-world experience and gaps in hands-on training. These challenges can affect early performance until adequate support, mentorship and continued professional development help strengthen clinical judgment and skill.	<ul style="list-style-type: none"> • Continuing professional development (CPD) (2) • Personal support and feedback (4) • Professional specific networks (6) 	3 - 5, 7, 9, 11 - 13

<p>Number of years in practice: Practicing for a long time</p>	<p>Health professionals with many years in practice may face declining competence over time. Research indicates that long careers may involve reduced motivation, fewer opportunities for skills update and gradual decreases in cognitive or procedural abilities. Without ongoing learning or strong professional networks, oral health professionals may become less current with evolving standards, technologies and best practices, increasing the risk of performance issues.</p>	<ul style="list-style-type: none"> • Continuing professional development (CPD) (2) • Personal support and feedback (4) • Professional specific networks (6) 	<p>3 - 5, 7, 9, 11 - 13</p>
<p>Transitions: Personal changes</p>	<p>This transition may stem from shifting personal priorities, evolving health needs or changing family or life circumstances that prompt an oral health professional to adjust, pause or prepare to step away from their oral health practice setting. Factors such as the passing of a close family member, welcoming a new child through birth or adoption, managing significant health or wellness challenges for oneself or an immediate family member or experiencing recent or ongoing financial strain can understandably influence one’s capacity to work.</p> <p>With appropriate support, oral health professionals can develop a plan to navigate these periods of change, to ensure that all patients receive competent, safe and ethical care.</p>	<ul style="list-style-type: none"> • Counseling / support for stress management, balancing workload, and navigating career changes (3) • Personal support and feedback (4) • Physical and mental health and wellness (5) • Professional support, outside of oral health professionals, related to the change (7) 	<p>5, 7, 9 11</p>

<p>Transitions: Practice transitions</p>	<p>Practice transitions can include returning to the oral health profession after time away, moving between provinces, adjusting to a change in scope of practice or making multiple career changes in a brief period. These shifts can create challenges, especially when starting in a new practice area without sufficient orientation or opportunities to refresh or enhance knowledge and skills. With appropriate onboarding, ongoing professional learning and supportive teams, oral health professionals can navigate these transitions successfully while maintaining safe, ethical and confident practice.</p>	<ul style="list-style-type: none"> • Counseling / support for stress management, balancing workload, and navigating career changes (3) • Personal support and feedback (4) • Physical and mental health and wellness (5) • Professional support, outside of oral health professionals, related to the change (7) 	<p>5, 7, 9</p>
<p>Transitions: Planned exit from practice</p>	<p>A planned transition out of the oral health profession, either into retirement or a new career path, can be influenced by personal or professional circumstances that place extra demands on their practice. These challenges may unintentionally affect their ability to stay focused, informed and fully aligned with safe and ethical care expectations. Breaking the transition into planned steps helps oral health professionals remain present and provide competent care throughout their remaining time in practice.</p>	<ul style="list-style-type: none"> • Counseling/ support for stress management, balancing workload, and navigating career changes (3) • Personal support and feedback (4) • Professional specific networks (6) • Transition plan for the practice (8) 	<p>5, 7, 9, 10</p>

2) Practice structure

Practice structure refers to how your workplace is organized. Key factors include:

- **Management model** (self-owned, corporate, owned by another oral health professional, health authority, education)
- **Mix of oral health professionals** in the setting
- **Practice size** (solo, small, large team)

Why practice structure items matter in your practice

Practice structure affects your daily work by shaping:

- Role clarity and expectations
- Collaboration and communication
- Workflow and access to supports
- Levels of autonomy, supervision and shared responsibilities
- Complexity of operations and team-based care

Understanding these factors can help you identify what resources or guidance you may need to support safe, ethical and collaborative practice.

Table 2: Practice structure

Self-inventory context	Description	Supports	References
Management model	Refers to who owns the oral health practice and how it is run. For example, if the practice is self-owned, owned by another oral health professional, corporate owned, health authority managed or part of an educational institution etc. This structure often influences how decisions are made, how services are organized and how staff and resources are managed. In some models, patient safety may be affected if owners are unfamiliar with professional scopes of practice or if financial pressures override sound professional judgment.	<ul style="list-style-type: none"> • Apply regulatory principles and standards in practice (1) • Profession-specific networks (6) 	5, 9
Diversity of oral health profession types in an oral health practice setting	This refers to the different oral health professionals working together in a practice setting. The mix of roles can support peer learning and collaboration, especially when team members understand each other’s scope of practice. Well integrated teams are better able to provide safe, ethical, patient-centered care, though team composition and functioning can vary widely.	<ul style="list-style-type: none"> • Apply regulatory principles and standards in practice (1) • Continuing professional development (CPD) (2) • Profession-specific networks (6) 	5, 7, 9, 12, 13
Practice size	This refers to whether an oral health professional works alone, in a small team or in a larger practice. Smaller practices may present challenges due to working in isolation where there may be limited access to peer support, feedback, mentorship and shared learning. Being aware of this allows oral health professionals to seek supports to strengthen their practice.	<ul style="list-style-type: none"> • Apply regulatory principles and standards in practice (1) • Continuing professional development (CPD) (2) 	5, 7, 9, 12, 13

		<ul style="list-style-type: none"> • Profession-specific networks (6) 	
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3) Practice context

Practice context includes the external conditions that shape how you provide care, such as:

- **Location** (rural, urban, mobile, residential care)
- **Adequacy of equipment and supplies**

Why practice context items matter in your practice

Your practice context influences:

- **Service accessibility** and the type of patient’s and/or practice needs you encounter
- **Your ability to provide safe, ethical, evidence informed care**, based on available resources, including equipment and supply adequacy.
- **Scope of practice, caseload complexity and the overall environment** in which services are delivered

Understanding these conditions helps you identify where additional supports or adjustments may be needed.

Table 3: Practice context

Self-inventory context	Description	Supports	References
Location of practice	This refers to where an oral health professional practice location. This may include rural, remote, urban or mobile settings. Each location may create different challenges due to access to resources, infrastructure and professional supports. By recognizing how the location affects daily practice, oral health professionals can seek support or adjust their approach to help ensure safe, ethical, patient-centered care.	<ul style="list-style-type: none"> • Continuing professional development (CPD) (2) • Personal support and feedback (4) • Profession-specific networks (6) 	5, 7, 9
Adequacy of equipment and supplies	A well supported practice environment helps oral health professionals stay competent. When those on the oral health team have appropriate support, such as people who fill all the positions and are competent in their roles, maintained and adequate equipment, appropriate supplies and time they need to provide care. When one or more of these is missing, safe and ethical patient care can be compromised.	<ul style="list-style-type: none"> • Continuing professional development (CPD) (2) • Profession-specific networks (6) • Professional support, outside of oral health professionals, related to the change (7) 	5, 7, 9

Table 4 outlines a range of supports available to oral health professionals, along with clear definitions for each. Although the list covers many common and relevant supports, it is not intended to be exhaustive. Oral health professionals are encouraged to use their professional judgment to determine which supports best align with their individual practice needs and will help uphold safe and ethical patient care.

Table 4: Alphabetical list of supports with definitions

Support #	Support category	Support definition
1	Apply regulatory principles and standards in practice	Reflect on how regulatory principles and standards fit within your practice and apply them to support safe and ethical patient outcomes.
2	Continuing professional development (CPD)	<p>This includes engaging in continuing professional development (CPD) learning activities such as courses, readings, team-based learning, peer feedback and other education that support your professional goals and practice needs. These activities help oral health professionals build confidence, update their skills and stay current with evolving standards to ensure safe, ethical patient care.</p> <p>CPD can involve study groups, journal clubs, online discussions or reviewing credible practice resources just to name a few. Asking colleagues for feedback, reading current peer reviewed evidence, and participating in simulations all strengthen learning, collaboration, and preparedness for both everyday and uncommon practice situations.</p>
3	Counseling/support for stress management, balancing workload and navigating career changes	This may involve counseling and related supports that help oral health professionals manage stress, balance personal and work demands and prevent burnout. These services provide tools and resources, such as coping strategies, stress management workshops and guidance on maintaining a manageable workload to support personal and professional demands throughout one’s career and life changes.

4	Personal support and feedback	This involves building and maintaining a personal support network of people who can offer emotional, physical and mental support. Staying connected with supportive colleagues, friends or family helps reduce stress, improve wellbeing and provide reliable help during challenging times, including for those working in rural or more isolated areas.
5	Physical and mental health and wellness	This involves maintaining healthy habits, such as regular exercise, ergonomics, balanced diet, mindfulness, adequate sleep and following medical guidance that help reduce stress, build confidence and support overall wellbeing. These practices strengthen resilience and create stability during life transitions.
6	Profession-specific networks	<p>This involves involve connecting in profession specific networks with other oral health professionals to share ideas, learn from each other, stay informed about changes in the profession and help identify areas needing support in day-to-day practice.</p> <p>They may include informal CPD activities such as clinical rounds, journal clubs, online discussions and seeking feedback from colleagues, all of which strengthen collaboration, skill development and continuous improvement. Mentor–mentee relationships can also be part of these networks, helping new professionals build confidence and transition into practice while allowing mentors to refresh their knowledge and skills.</p>
7	Professional support, outside of oral health professionals, related to the change	This includes accessing support from trained professionals, such as caregiver groups or financial advisors, who may help individuals navigate unfamiliar situations confidently, make informed decisions and promote long-term wellbeing.
8	Transition plan for the practice	This involves a plan that outlines who will take over the practice, explains key roles and systems and supports clear communication with staff and patients to ensure continuity of patient care and confidentiality of patient records.
9	Utilize support staff	This involves collaborating with licensed dental assistants, dental hygienists, dentists and other members of the oral health team to ensure that safe and ethical patient outcomes are maintained.
10	Work on less complex cases	This involves only taking on work with a complexity that you feel confident that you can safely and ethically complete.

This self-inventory context and the accompanying supports are intended to help oral health professionals reflect meaningfully on their practice and identify strategies that strengthen competence and confidence. By engaging in continued professional development and drawing on supports that align with individual needs, oral health professionals can continue to adapt to changes throughout their career, practice environment and patient population. Ultimately, this commitment to continuous growth helps ensure the delivery of safe, ethical, and patient-centered care.

Reference List

1. Bolukbasi, G., & Dundar, N. (2024). Oral health in older adults: Current insights and tips. *Journal of Gerontology and Geriatrics*, 72(2). <https://www.jgerontology-geriatrics.com/article/view/700> [[jgerontolo...atrics.com](https://www.jgerontology-geriatrics.com)]
2. C. Daskalopoulou, B. Stubbs, C. Kralj, A. Koukounari, M. Prince, A.M. Prina. Physical activity and healthy ageing: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Research Reviews*. Volume 38,2017, Pages 6-17. ISSN 1568-163. <https://doi.org/10.1016/j.arr.2017.06.003>.
<https://doi.org/10.1016/j.arr.2017.06.003>.
3. Ai-Leng Foong-Reichert, Ariane Fung, Caitlin A. Carter, Kelly A. Grindrod, Sherilyn K.D. Houle; Characteristics, Predictors and Reasons for Regulatory Body Disciplinary Action in Health Care: A Scoping Review. *Journal of Medical Regulation* 1 December 2021; 107 (4): 17–31. doi: <https://doi.org/10.30770/2572-1852-107.4.17>
4. Foong-Reichert AL, Houle SKD, Austin Z, Edwards DJ, Grindrod KA. Dentist Disciplinary Action: What Do Dentists Get in Trouble for? *Healthcare Policy = Politiques de Sante*. 2023 Feb;18(3):72-83. DOI: 10.12927/hcpol.2023.27033. PMID: 36917455; PMCID: PMC10019511. [[HEALTHCARE POLICY Vol.18 No.3, 2023](#)]
5. Glover Takahashi S, Nayer M, St. Amant LMM. Epidemiology of competence: a scoping review to understand the risks and supports to competence of four health professions. *BMJ Open* 2017; doi: [10.1136/bmjopen-2016-014823](https://doi.org/10.1136/bmjopen-2016-014823).
6. International Federation of Dental Hygienists. (2025). Aging and oral health: Implications for patients and oral healthcare professionals. IFDH White Paper Series. <https://ifdh.org/wp-content/uploads/2025/09/IFDHWhitePaperAgingAug25.pdf> [ifdh.org]
7. Kain NA, Hodwitz K, Yen W, et al. Experiential knowledge of risk and support factors for physician performance in Canada: a qualitative study *BMJ Open* 2019;9:e023511. doi: [10.1136/bmjopen-2018-023511](https://doi.org/10.1136/bmjopen-2018-023511)

8. LL Drag, LA Bieliauskas, SA Langenecker (2010) Cognitive functioning, retirement status, and age: results from the Cognitive Changes and Retirement among Senior Surgeons study. *Journal of the American College of Surgeons*. [nihms500531.pdf](#)
9. Nayer, M., Glover Takahashi, S. (March 2017). What Physiotherapist Data Says about Risks to Competence. College of Physiotherapists of Ontario, Toronto, ON. [what-ontario-physiotherapist-data-says-about-risk-to-competence.pdf](#)
10. Onyura, B., Bohnen, J., Wasylenki, D., Jarvis, A., Giblon, B., Hyland, R., ... & Leslie, K. (2015). Reimagining the self at late-career transitions: How identity threat influences academic physicians' retirement considerations. *Academic Medicine*, 90(6), 794-801. [1950.pdf](#)
11. Posluns, K., Gall, T.L. Dear Mental Health Practitioners, Take Care of Yourselves: a Literature Review on Self-Care. *Int J Adv Counselling* 42, 1–20 (2020). <https://doi.org/10.1007/s10447-019-09382-w>
12. Wilson, M., Lavis, J. & Randhawa, H., 2015. *Risk and Protective Factors for Quality Clinical Practice: A Rapid Synthesis*, Canadian Electronic Library. Hamilton, Ontario. [COI: 20.500.12592/86mp09](#).