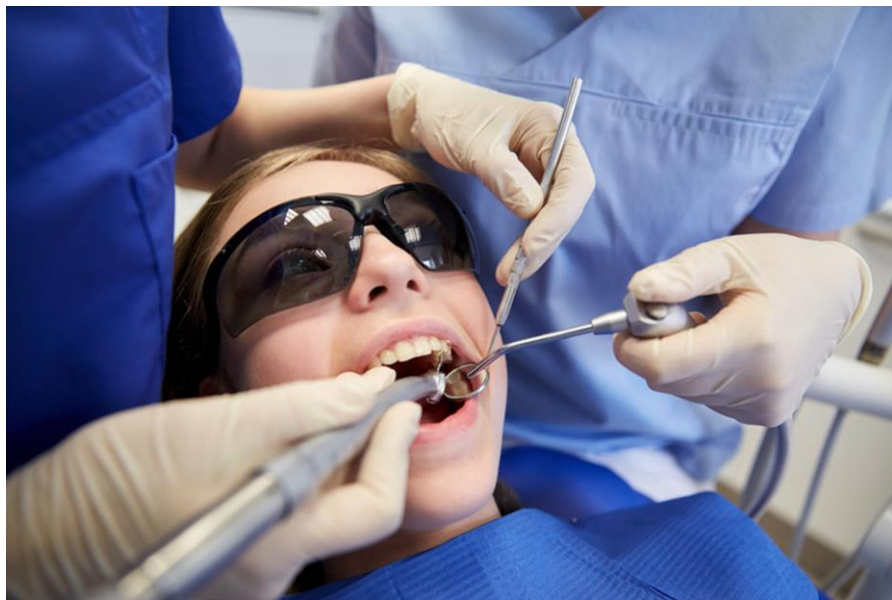




Australian  
Dental  
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## **Dental Hygiene and Dental Therapy Practical Examination Handbook**

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## Introduction

Under the provisions of the *Health Practitioner Regulation National Law Act 2009* the ADC has been assigned the accreditation functions of the Dental Board of Australia (DBA).

One of the key accreditation functions is the assessment of the knowledge, judgement, clinical skills and professional attributes of overseas qualified dental hygienists and dental therapists who are seeking registration with the DBA to practise in Australia and whose qualifications are not otherwise approved for registration.

The ADC assessment and examination procedure consists of the following steps:

1. Initial Assessment of Professional Qualifications in Dental Hygiene/Dental Therapy
2. Written Examination
3. Practical Examination

The format of the ADC examination process has been approved for the purposes of registration in Australia. The ADC cannot vary the format of the examination, or grant exemptions from the requirements of the examinations.

## Venue Allocations and Requirements

The Practical Examination is held over one or two days at various venues in Australia.

They are scheduled to be held twice per year, in June and November, but may be scheduled according to demand and the availability of examination venues.

You can apply to sit either the June or the November Practical Examination. The Dental Hygiene/Dental Therapy Practical Examination will generally be held in only one of the examination venues during each examination session and places are limited.

You can apply to sit for any available examination by submitting an *Application for Practical Examination Dental Hygiene/Dental Therapy* form available on the ADC website and the relevant examination fee.

After successful submission of an application form and payment, you will receive confirmation of the examination to which you have been allocated, and also receive an information pack relevant to that particular venue. The venues in which the ADC examinations are held are usually clinics within dental hospitals or university dental schools. Each venue has its own requirements that you will need to satisfy and comply with.

## Registration and other Dental Board of Australia Requirements

As the examination format does not involve the treatment of patients, you are **not required to be registered with the DBA or provide evidence of immune status but you will be required to have ascertained this before being registered to practise in Australia.**

If you are successful in the Practical Examination the ADC will advise the DBA that you have been awarded an *ADC Certificate (Dental Hygiene and/or Dental Therapy)*.

## Candidate Contact Information

You must notify the ADC of any change in mailing address immediately in writing.

Information may not be reissued if you fail to advise the ADC or do not employ a suitable mail redirection service from your previous address.

Timetables and urgent information may be communicated to you via your nominated email address. You must ensure the email address you provide is reliable and checked regularly. If you use free webmail services (Gmail, Yahoo, Hotmail, etc.) you should properly maintain your mailboxes. The ADC will not accept responsibility for non-receipt of correctly addressed emails.

## Withdrawing from an Examination

If you choose to withdraw from an examination you should complete a *Notification to Withdraw from an ADC Examination* form, available from the ADC website. An intention to withdraw can be sent by email if the date of the examination is imminent and a withdrawal form, together with any supporting documentation, has been posted to the ADC. Withdrawal notification will not be accepted by telephone.

The ADC will respond to you in writing.

You will forfeit 20% of the examination fees if your withdrawal from an examination is received before the closing date for applications for that examination session.

If your withdrawal is received after the closing date for the examination series you will forfeit 50% of the examination fees.

Withdrawal within four weeks of the examination date will result in forfeit of the whole fee unless your withdrawal is due to acceptable medical grounds and is supported by a medical certificate, in which case you will forfeit 40% of the fee.

Failure to undertake the examination because of an inability to obtain necessary visas or to arrange travel etc. will be considered a withdrawal and fees will be forfeited.

## Content and Format

The **Practical Examination** will evaluate your performance of dental procedures on simulated patients (manikins) in a clinical setting.

At the start of each day you will be given:

1. a set of dental models (upper and lower), labelled with your Candidate ID and mounted in a manikin on a dental chair
2. a task list, detailing all the procedures that you will be required to undertake for that day, including tooth numbers and surfaces and a designated practice tooth,
3. a timetable with attendance times for the Rubber Dam, Communication and Radiology tasks.

## Examination Schedule

The following is an indicative schedule for the Practical Examination. More detailed information will be provided to candidates who enrol for the examination.

Candidates sitting the Dental Hygiene Examination will be required for 1 day, candidates sitting the Dental Therapy Examination will be required for 1 ½ days, and candidates sitting both the Dental Hygiene and Dental Therapy Examination will be required for the full 2 days.

### PRACTICAL EXAMINATION ORIENTATION

(Friday before the Saturday examinations commence)

Orientation lecture	2:00 p.m. – 3:00 p.m.
---------------------	-----------------------

### PRACTICAL EXAMINATION DAY 1

Examination Registration	7:30 a.m. - 8:00 a.m.
Orientation and instructions	8:00 a.m. - 8:30 a.m.
Clinic set-up and model check	8:30 a.m. - 9:00 a.m.
Completion of task list	9:00 a.m. - 4:30 p.m.

### PRACTICAL EXAMINATION DAY 2

Examination Registration	7:30 a.m. - 8:00 a.m.
Bay set-up and model check	8:00 a.m. - 8:30 a.m.
Completion of task list	8:30 a.m. - 4:00 p.m.

## Examination Registration

At the start of each day (Saturday and Sunday) you will be issued your Candidate ID badge at the Examination Registration Desk on presentation of current government photographic identification (i.e. a current passport or driver's licence) that includes your signature.

The name on the government photographic identification must also match the name you used when you registered with the ADC for the Practical Examination. Your face will be matched to your photograph and your signature will be confirmed.

If you do not provide the identification requested you will not be admitted into the examination.

You must wear your Candidate ID Badge at all times.

At the end of each day you must hand in your ID badge as directed. If you fail to hand in your ID badge, you may receive a fail grade for all requirements in the Examination.

## Equipment, Instruments and Supplies

We will provide all candidates with standard equipment and materials for these exercises.

**You are not permitted to supply your own instruments or handpieces. Detailed instrument information will be provided to you as part of your venue pack.**

Please note that **dental burs will not be provided**. You are required to bring any relevant burs to the examination. You may bring your own materials to the examination (e.g. restorative materials and rubber dam sheets) although this not encouraged as we cannot guarantee that equipment needed to dispense such materials will be available at the examination.

You must place your burs and materials into a **single small container** to bring into the examination area. This container **must not be larger than 30cm/15cm/20cm**. You will not be permitted to enter the examination if you do not meet these requirements.

The dental clinic at the Assessment Centre will NOT be accessible prior to the Assessment.

You are advised to bring a small clock or analogue watch to the examination. You will not be permitted to use phones, laptop computers, tablets or other electronic devices to monitor the time.



## Examination Instructions

### Tasks

- You will be given a task list detailing all the procedures that you will be required to undertake at the start of each day. Three of the tasks will be timetabled – Rubber Dam, Radiography and Communication. You will be allocated 30 minutes for the Rubber Dam task on one day, and will be allocated 15 minutes each for the Radiography task and the Communication task on the other day. You may undertake the other tasks for the day in any order.
- The FDI two digit tooth numbering system is used during the examination. If you start or complete a procedure not listed on the task sheet, or start or complete a task on an incorrect tooth you will receive a fail grade for that task.
- Although tasks are conducted on manikins, you must demonstrate that you are competent to perform procedures in a clinical environment, including undertaking tasks in positions appropriate for both the operator and the patient. Examiners will ask you to correct inappropriate positions, such as having the manikin's head or neck in a position that would be uncomfortable for a patient or contact with the manikin that would be considered inappropriate in a clinical situation. If you continue to work on the manikin in an inappropriate position you may be dismissed from the examination.
- You must wear eye protection, masks, gowns and gloves whilst undertaking any simulated clinical activity. The venue will supply gowns, masks and gloves, but you must provide your own eye protection. You must be appropriately and professionally attired. You should wear suitable, closed shoes and long hair should be appropriately controlled.
- You may use magnification aids. This does not include hand-held magnifiers.
- You are responsible for your own materials and belongings. The ADC and the Examination Venue will not be held responsible for personal supplies left unattended.
- You will be financially responsible for any damage caused to any supplied equipment.

### Teeth

- The ADC will provide special prepared typodont models to be used for the restorative exercises.
- These models will include combinations of teeth and dental tissues of the following types
  - **Plain Ivorine** teeth that are of uniform colour and consistency.
  - **Simulated enamel** that is **white** in colour and is made of composite resin that is harder than the simulated dentine and simulated caries. The teeth have been manufactured so that they can be prepared with a dental bur using normal pressure and, if desired, preparations can be finished using normal pressure with sharp hand instruments.
  - **Simulated dentine** that is **yellow** in colour and is softer than the simulated enamel
  - **Simulated caries:** Currently the ADC is using two forms of teeth that have simulated caries present. Some have simulated caries placed by the manufacturers and some are pre-prepared and filled with Cavit™ to simulate

caries. For those enamel/dentine teeth with simulated caries the manufacturing process ensures that the caries depth is standardized for each tooth used. The simulated caries in dentine is **grey** in colour and is softer than the simulated enamel but of similar hardness to the simulated dentine. In some anterior teeth, there is also a cavity in the simulated enamel on the proximal surface(s). This cavity extends through the simulated enamel into the simulated dentine and must be included as part of the preparation.

- The manufacturing process for teeth with simulated caries ensures that caries depth is standardized for each tooth used as part of the Assessment. As a result of the manufacturing process, there may be a small cement-filled space between the simulated enamel and the simulated dentin which may appear grey in colour. This is not simulated caries.
- **Simulated pulp chamber and canals:** The simulated dental pulp chamber and canals are hollow spaces lined with red colouring.
- **Please Note:** The use of metal hand instruments in cavity preparations will leave a grey stain.

### ***Infection Control***

Candidates must perform all tasks as if they were being performed on a live patient and follow standard infection control procedures with some minor modifications to cater for an examination environment.

Candidates should assume that all instruments are sterile on Day One and that they are treating the same patient for both days.

At the start of each day of the examination you will be allocated 30 minutes to set up your cubicle. During “set-up” time you:

- should assume that your cubicle is disinfected at the start of each day
- are NOT required to use barriers
- may arrange instruments, materials and handpieces without using standard infection control procedures
- are required to observe the designated clean and dirty areas within your bays

Once “set-up” time is over and the examination has started you should treat the cubicle as a standard clinical area. All benches, instrument storage areas and materials outside your cubicle should be considered potentially contaminated

You may use transfer tweezers whilst gloved to retrieve items from a clean area. You will be provided with designated transfer tweezers.

Standard infection control procedures are modified for this examination to allow candidates to wear gloves in specific circumstances only. These are when

- adjusting the manikin head position, patient chair controls and overhead light
- when using the amalgamators
- pressing the button to take radiographs.

If you drop an instrument or treatment material during a task, you must notify an examiner before retrieving the article.

As part of the assessment of infection control you will also be observed in relation to:

- your management of potentially hazardous materials such as amalgam or sharps
- appropriate attire and use of personal protective equipment
- appropriate manikin positioning and handling.

### ***Breaks***

- There will be a mandated 45 minute lunch break scheduled for each day. During the break you will be required to leave the examination area.
- You may take additional breaks whenever needed during the day except during timetabled tasks.

### ***Incidents***

- If there are problems with any of the teeth, models or manikins, you should bring this to the attention of an examiner or the examination convenor as soon as possible so that they can be rectified if necessary.

If you experience what you consider to be an adverse incident during the examination, it is your responsibility to notify one of the examiners immediately. The ADC will not be able to take into consideration any adverse incidents that are reported to the ADC after the examination.

## **Policies**

### ***Examination Conduct Policy***

The Practical Examination is conducted under the following conditions.

- You must be punctual for both days of the examination. If you arrive late for an examination you will not be given any extra time to complete the examination.
- The dental clinic at the Examination Venue will not be accessible prior to the examination.
- Space at the Examination Venue is provided only for participants. Family and friends will not be admitted.
- During the mandated 45-minute lunch break you will be required to leave the examination area.
- You may take additional breaks whenever needed during the day except during timetabled tasks.
- Standard equipment and materials will be provided for the examination exercises. You are able to supply your own dental materials, but you will not be able to supply your own handpieces or instruments (e.g. hand instruments, rubber dam clamps or matrices).
- Please note that dental burs will not be provided. You are required to bring all necessary burs to the examination.
- You will be given a task list detailing all the procedures that you will be required to undertake at the start of each day. The rubber dam, communication and radiography

tasks will be timetabled for each individual candidate. You may perform the remaining tasks for the day in any order.

- You may not bring food and/or drink (including water) into the examination room unless a special accommodation for medical reasons has been granted by the ADC office. A written request to the ADC office must include a medical certificate signed by a doctor indicating the accommodation required.
- You must not bring any electronic devices (including but not limited to mobile phones, personal computers and tablet devices, cameras and other recording devices) into the examination room.
- You must not bring this handbook, dental textbooks or other written material into the examination room.
- You may not remove teeth from models, nor may you remove models from the manikins.
- You may not remove Task Sheets from the examination room.
- You may not bring extra teeth into the assessment area.
- You must be appropriately and professionally attired. You should wear suitable, closed shoes and long hair should be appropriately controlled.
- You must wear eye protection, masks and gloves as if you were treating patients
- You must manage sharps and excess amalgam appropriately and ensure that your work areas are left clean and safe.
- You may use magnification aids. This does not include hand-held magnifiers.
- If you start or complete a procedure not listed on the task sheet, or if you start or complete a task on an incorrect tooth you will receive a fail grade for that task.
- You will be financially responsible for any damage caused to any supplied equipment.
- Your ability to read, interpret and comply with instructions and other written material is part of the examination. Examination supervisors and invigilators will not answer questions involving content of the Assessment.
- You must stop working and leave the examination room at the indicated ending time. If you refuse to leave the examination room at the indicated ending time you will be given a fail grade for all requirements that day.
- If you consider that you have been disadvantaged by an adverse incident beyond your control, occurring either immediately before or during the examination, you must inform the Examination Convenor immediately and can later request that the ADC void the results of the examination. The ADC cannot accept advice of an adverse incident after the examination.
- You are required to read the current version of the ADC Practical Examination Handbook.

You will be required to provide a signed statement at the examination registration indicating that you have read and understood the Examination Conduct Policy, and agree to abide by the conditions of the examination.

### ***Time Extension Policy***

If you experience problems with equipment, you should ask a member of staff for assistance. If there is a problem with equipment that the ADC or Examination Venue has provided, and you lose more than 30 minutes of assessment time, you can ask to complete a Time Extension form to request an extension. It is important to note that the examination already has an extra 30 minutes of time built-in, and generally delays amounting to less than 30 minutes will not be granted a time extension.

You may be moved to another bay in order to solve problems with non-functioning equipment.

You will **not** be granted a time extension for problems that arise with anything that you have supplied for the examination.

### ***Adverse Incident Policy***

If you experience what you consider to be an adverse incident during the examination, you **must** bring it to the attention of one of the examiners **immediately**. The Convenor will then assess the situation and complete an Adverse Incident form if warranted. The ADC will not be able to take into consideration any adverse incidents that are reported after the examination.

Adverse incidents include situations that are beyond your control and likely to affect your performance in the examination, for example chair malfunction or a broken manikin.

Personal illness and minor incidents that are readily rectified (i.e. a loose tooth that is tightened before work commences) would not usually warrant the completion of an Adverse Incident form.

You may not request special consideration for tasks as a result of personal illness during an examination.

If you wish to request any special accommodations for pre-existing medical conditions (e.g. taking medications into the examination room) you should contact the ADC with your request prior to the examination.

## **Assessment Tasks – Dental Hygiene**

You will be required to perform the following tasks. The tasks will be set for each examination by the ADC. The Dental Hygiene only examination will be held over the course of one day.

1. Scaling lingual lower anterior teeth (6 teeth)
2. Root debridement upper premolar and molars (3 teeth)
3. Root debridement lower molars (2 teeth)
4. Place a fissure sealant
5. Taking nominated radiographs in a manikin.
6. Apply a rubber dam
7. Clinical communication
8. Infection control

## **Assessment Tasks – Dental Therapy**

You will be required to perform the following tasks. The tasks will be set for each examination by the ADC. The Dental Therapy only examination will be held over the course of one and a half days, with candidates required to finish by 12.30pm on the second day.

1. Prepare and place a stainless steel crown on a deciduous tooth
2. Perform a pulpotomy on a deciduous tooth
3. Restore a pre-prepared tooth with a direct Class II composite resin restoration (permanent tooth)
4. Class II amalgam preparation (permanent tooth)
5. Class II composite resin preparation (deciduous tooth)
6. Restore a pre-prepared tooth with a direct Class IV composite resin restoration (permanent tooth)
7. Taking nominated radiographs in a manikin.
8. Apply a rubber dam
9. Clinical communication
10. Infection control

## Assessment Tasks – Dental Hygiene & Dental Therapy

You will be required to perform 12 tasks from the following list. The tasks will be set for each examination by the ADC. The combined Dental Hygiene and Dental Therapy examination will be held over two full days.

1. Scaling lingual lower anterior teeth (6 teeth)
2. Root debridement upper premolar and molars (3 teeth)
3. Root debridement lower molars (2 teeth)
4. Prepare and place a stainless steel crown on a deciduous tooth
5. Perform a pulpotomy on a deciduous tooth
6. Restore a pre-prepared tooth with a direct Class II composite resin restoration (permanent tooth)
7. Class II amalgam preparation (permanent tooth)
8. Class II composite resin preparation (deciduous tooth)
9. Restore a pre-prepared tooth with a direct Class IV composite resin restoration (permanent tooth)
10. Taking nominated radiographs in a manikin.
11. Apply a rubber dam
12. Clinical communication
13. Infection control

The rubber dam, communication and infection control tasks are assessed by examiners 'on-site'.

The assessment of the other tasks is undertaken at a central site after the examination.

## Assessment Criteria

You will receive a score for each task that will be determined by the Assessment Criteria for that task.

If the task is scored as "Borderline" for any of the three criteria then the overall score will be "Borderline"

Similarly, if the task is scored as "Unsatisfactory" for any of the criteria then the overall score will be "Unsatisfactory"

The "Assessment Criteria" for each task are provided in "Appendix A" for your information.

## ***Final Result Grade Derivation***

### ***Final Result Grade Derivation - Dental Hygiene (8 tasks)***

In order to be successful in the Practical Examination, a candidate must obtain:

- ***Six or more Satisfactory grades and no more than one Unsatisfactory grade, or***
- ***Five or more Satisfactory grades and no Unsatisfactory grades***

### ***Final Result Grade Derivation - Dental Therapy (10 tasks)***

In order to be successful in the Practical Examination, a participant must obtain:

- ***Seven or more Satisfactory grades and no more than one Unsatisfactory grade, or***
- ***Six or more Satisfactory grades and no Unsatisfactory grades***

### ***Final Result Grade Derivation - Dental Hygiene AND Dental Therapy (12 tasks)***

In order to be successful in the Practical Examination, a participant must obtain:

- ***Nine or more Satisfactory grades and no more than one Unsatisfactory grade, or***
- ***Eight or more Satisfactory grades and no Unsatisfactory grades***

Please note: candidates undertaking the combined dental hygiene/dental therapy examination must meet the requirements for that examination. Combined dental hygiene/dental therapy candidates cannot be awarded a pass in either dental therapy or dental hygiene if they fail to meet the required grades for the combined dental hygiene/dental therapy examination.

## **Results**

The results of your Practical Examination will be emailed to you.

Posting of results will normally be done within 6 weeks of the examination. You should check the ADC website for updates.

## **Verification, Review and Appeal**

You are referred to the ADC Appeal Policy for information regarding verification, review and appeal processes for the Practical Examination



## **Repeat Examinations**

If you do not pass the Practical Examination, you are permitted to apply again to repeat it, provided that your Written Examination test results are still valid.

There are no Supplementary Examinations for the Practical Examination, and the examination must be taken in full and passed in a single attempt.

No credits or exemptions will be given for previous attempts at the Practical Examination.

## Appendix A: Assessment Criteria

The following Assessment Criteria are used by the examiners to assess your performance on each of assessment tasks.

The Criteria have been developed so that:

- |                |                                                                                                                                                                                                                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IDEAL          | identifies the attributes of the task that will be considered and defines what you should aim to achieve                                                                                                                                                                                                                                          |
| SATISFACTORY   | identifies minor deviations from the “ideal” that <ul style="list-style-type: none"><li>• could be easily corrected, or</li><li>• would not significantly compromise the clinical outcome, and</li><li>• might reasonably occur on occasions when a task is undertaken by a competent operator</li></ul>                                          |
| BORDERLINE     | identifies additional, more major deviations from the “ideal” that <ul style="list-style-type: none"><li>• should where possible have been corrected during the procedure, or</li><li>• would compromise the clinical outcome to a minor extent, and</li><li>• should not often occur when a task is undertaken by a competent operator</li></ul> |
| UNSATISFACTORY | identifies additional, major deviations from the ideal that <ul style="list-style-type: none"><li>• cannot be corrected, or</li><li>• would significantly compromise the clinical outcome, and</li><li>• should not occur when a task is undertaken by a competent operator</li></ul>                                                             |

## Assessment Criteria

### Class II Amalgam Cavity Preparation

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>External form</p> <ul style="list-style-type: none"> <li>- Optimal extension based on extent and location of caries</li> <li>- Gingival margin supra-gingival</li> <li>- No damage to gingiva, adjacent teeth or to the assessment tooth beyond preparation</li> <li>- Proximal and/or gingival margins clear adjacent teeth by &lt;0.5mm</li> <li>- Buccal and lingual/palatal walls are 90° to cavosurface</li> </ul>	<ul style="list-style-type: none"> <li>- Minor over-preparation</li> <li>- Minor damage to adjacent tooth not requiring enameloplasty</li> <li>- Minor damage to assessment tooth beyond preparation margin not requiring further adjustment</li> </ul>	<ul style="list-style-type: none"> <li>- Inadequate convenience form - under-extended by &lt;0.5mm</li> <li>- Over-extended by &lt;0.5mm</li> <li>- Minor, correctable damage to adjacent tooth</li> <li>- Minor, correctable damage to assessment tooth beyond preparation margin</li> <li>- Minor damage to gingiva</li> <li>- Moderate unsupported enamel</li> </ul>	<ul style="list-style-type: none"> <li>- Insufficient convenience form</li> <li>- Overextended by &gt; 0.5mm</li> <li>- Cavitation not included in preparation</li> <li>- Major damage to adjacent tooth requiring restoration</li> <li>- Major damage to assessment tooth beyond preparation</li> <li>- Major damage to gingiva</li> <li>- Significant unsupported enamel</li> </ul>
<p>Internal form</p> <ul style="list-style-type: none"> <li>- No unnecessary removal of tooth structure</li> <li>- Optimal resistance and retention form based on extent of caries</li> <li>- All internal line angles rounded</li> <li>- Gingival and occlusal floors parallel to occlusal plane</li> </ul>	<ul style="list-style-type: none"> <li>- Minor over-preparation axially (and/or in occlusal extension if present)</li> <li>- Minor under-preparation axially or occlusally</li> <li>- Minor over-preparation pulpally</li> </ul>	<ul style="list-style-type: none"> <li>- Inadequate resistance and retention form</li> <li>- Unnecessary removal of internal tooth structure</li> <li>- Sharp line angles</li> <li>- Divergent walls</li> <li>- Moderate over-preparation pulpally</li> </ul>	<ul style="list-style-type: none"> <li>- Unacceptable resistance and retention form</li> <li>- Excessive over-preparation</li> <li>- Major over-preparation pulpally risking pulpal exposure</li> </ul>
<p>Finish</p> <ul style="list-style-type: none"> <li>- Smooth cavo-surface margin</li> <li>- No debris or caries (infected dentine)</li> <li>- All unsupported enamel removed</li> </ul>	<ul style="list-style-type: none"> <li>- Minor roughness</li> <li>- Absence of debris</li> </ul>	<ul style="list-style-type: none"> <li>- Unacceptable roughness</li> <li>- Presence of debris</li> </ul>	<ul style="list-style-type: none"> <li>- Caries remaining in cavity</li> <li>- Gross roughness</li> </ul>

## Stainless Steel Crown Preparation

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>Tooth preparation</p> <ul style="list-style-type: none"> <li>- <i>Appropriate occlusal and proximal reduction to place stainless steel crown</i></li> <li>- <i>No damage to gingiva or adjacent teeth</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor damage to adjacent tooth not requiring further adjustment</li> </ul>	<ul style="list-style-type: none"> <li>- Minor, correctable damage to adjacent tooth</li> <li>- Minor damage to gingiva</li> <li>- Over-reduction of occlusal and/or proximal surfaces not compromising final outcome</li> <li>- Insufficient or inappropriate reduction of occlusal and/or proximal surfaces</li> </ul>	<ul style="list-style-type: none"> <li>- Excessive occlusal and or/proximal reduction compromising final outcome</li> <li>- Major damage to adjacent tooth requiring restoration</li> <li>- Major damage to gingiva</li> <li>- Insufficient or inappropriate reduction of occlusal and/or proximal surfaces resulting in unacceptable resistance and/or retention</li> </ul>
<p>Crown selection</p> <ul style="list-style-type: none"> <li>- <i>Correct crown size and type selected</i></li> </ul>	<ul style="list-style-type: none"> <li>- Incorrect crown selection that does not affect final outcome</li> </ul>	<ul style="list-style-type: none"> <li>- Incorrect crown selection that may compromise final outcome</li> </ul>	<ul style="list-style-type: none"> <li>- Incorrect crown selection that compromises final outcome and requires replacement</li> </ul>
<p>Placement and finish</p> <ul style="list-style-type: none"> <li>- <i>Crown correctly fitted and adjusted</i></li> </ul>	<ul style="list-style-type: none"> <li>- Final crown in infra-occlusion &lt;0.5mm</li> </ul>	<ul style="list-style-type: none"> <li>- Final crown in infra-occlusion 0.5-1.0mm</li> <li>- Final crown in supra-occlusion &lt;0.5mm</li> <li>- Light proximal contact</li> </ul>	<ul style="list-style-type: none"> <li>- Final crown in infra-occlusion &gt;1.0mm</li> <li>- Final crown in supra-occlusion &gt;0.5mm</li> <li>- No proximal contact</li> </ul>

## Deciduous Tooth Pulpotomy

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>External form</p> <ul style="list-style-type: none"> <li>- <i>Optimal outline form to provide appropriate removal of pulp horns and allow access to chamber</i></li> <li>- <i>Optimal removal of unsupported tooth structure</i></li> </ul>	<ul style="list-style-type: none"> <li>- Over- or under-extension at access outline by &lt;1.0mm</li> <li>- Access cavity has appropriate shape and positioning</li> </ul>	<ul style="list-style-type: none"> <li>- Over- or under-extension at access outline by 1.0-2.0mm</li> <li>- Access cavity shape and/or positioning compromising access to chamber</li> </ul>	<ul style="list-style-type: none"> <li>- Over- or under-extension at access outline by &gt;2.0mm</li> <li>- Access shape and/or positioning preventing complete access to chamber</li> <li>- Chamber not accessed</li> <li>- Part of the roof of pulp chamber still present</li> </ul>
<p>Internal form</p> <ul style="list-style-type: none"> <li>- <i>Optimal internal form to allow access to entire pulp chamber</i></li> <li>- <i>Optimally tapered preparation walls</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor removal of internal tooth structure beyond optimal preparation</li> <li>- Slightly over-tapered internal walls</li> <li>- Unobstructed access to chamber</li> </ul>	<ul style="list-style-type: none"> <li>- Moderately excessive removal of internal tooth structure</li> <li>- Gouging of internal tooth walls</li> <li>- Marginal ridge undermined</li> <li>- Obstructed access to chamber</li> </ul>	<ul style="list-style-type: none"> <li>- Grossly excessive removal of internal tooth structure</li> <li>- Flared internal walls</li> <li>- Excessive gouging of internal tooth walls</li> <li>- Perforation</li> </ul>
<p>Finish</p> <ul style="list-style-type: none"> <li>- <i>Smooth walls and cavo-surface</i></li> <li>- <i>No debris left on walls of access cavity</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor roughness</li> <li>- Minimal debris left on walls of access cavity</li> </ul>	<ul style="list-style-type: none"> <li>- Unacceptable roughness</li> <li>- Moderate debris left on walls of access cavity</li> </ul>	<ul style="list-style-type: none"> <li>- Excessive roughness</li> <li>- Debris obscuring chamber and/or canal orifices</li> </ul>

## Class IV Composite Resin Restoration

Note: shade-matching is not part of the evaluation.

Ideal	Satisfactory	Borderline	Unsatisfactory
Restoration integrity and finish			
<ul style="list-style-type: none"> <li>- <i>Optimal smoothness and polish</i></li> <li>- <i>Absence of porosities, stains or incremental lines</i></li> </ul>	<ul style="list-style-type: none"> <li>- Some minor polishing required</li> <li>- Minor stains, porosities or incremental lines present that do not affect the durability or aesthetics</li> </ul>	<ul style="list-style-type: none"> <li>- Major areas of roughness or scratches</li> <li>- Major areas of stains, incremental lines or porosities that require correction</li> </ul>	<ul style="list-style-type: none"> <li>- Excessive roughness</li> <li>- Excessive stains, porosities and/or incremental lines requiring replacement of restoration</li> </ul>
Margins			
<ul style="list-style-type: none"> <li>- <i>Junction of tooth/restoration not detectable by probe</i></li> <li>- <i>No excess resin past preparation margin</i></li> <li>- <i>No damage to adjacent teeth, gingiva or assessment tooth</i></li> </ul>	<ul style="list-style-type: none"> <li>- Junction of restoration/tooth slightly detectable by probe</li> <li>- Minor amount of resin composite beyond preparation margin</li> <li>- Minor damage to adjacent teeth and/or assessment tooth not requiring further adjustment</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Distinct deficiency or void at margins &lt;0.5mm wide</li> <li>- Excessive resin beyond preparation margin requiring correction</li> <li>- Minor, correctable damage to adjacent teeth and/or assessment tooth that is correctable by enameloplasty</li> <li>- Minor damage to gingiva</li> </ul>	<ul style="list-style-type: none"> <li>- Deficiency or void at margins &gt;0.5mm wide</li> <li>- Gross amount of excess resin beyond preparation margin</li> <li>- Major damage to adjacent teeth and/or assessment tooth requiring restoration</li> <li>- Major damage to gingiva</li> <li>- Excessive modification of existing preparation</li> </ul>
Contour and function			
<ul style="list-style-type: none"> <li>- <i>Morphology of tooth restored</i></li> <li>- <i>Optimal proximal contact restored</i></li> <li>- <i>Optimal occlusal contour</i></li> </ul>	<ul style="list-style-type: none"> <li>- Under- or over-contoured by &lt;0.5mm</li> <li>- Proximal contact slightly occlusally or gingivally placed</li> </ul>	<ul style="list-style-type: none"> <li>- Under- or over-contoured by 0.5-1.0mm</li> <li>- Poorly defined morphology</li> <li>- Light proximal contact</li> <li>- Poor morphology of proximal contact</li> <li>- Excess resin on adjacent soft tissues and/or other teeth</li> </ul>	<ul style="list-style-type: none"> <li>- Under- or over-contoured by &gt;1.0mm</li> <li>- Proximal contact absent</li> <li>- Lack of appropriate morphology</li> <li>- Gross amount of excess resin on adjacent soft tissues and/or other teeth</li> </ul>

## Class II Composite Resin Restoration

Note: shade-matching is not part of the evaluation.

Ideal	Satisfactory	Borderline	Unsatisfactory
<b>Restoration integrity and finish</b>			
<ul style="list-style-type: none"> <li>- Uniform smoothness</li> <li>- Highly polished</li> <li>- No stains, porosities or incremental lines</li> </ul>	<ul style="list-style-type: none"> <li>- Some minor polishing required</li> <li>- Minor stains, porosities or incremental lines present that do not affect the durability or aesthetics</li> </ul>	<ul style="list-style-type: none"> <li>- Generalised roughness</li> <li>- Porosities present that affect durability or aesthetics</li> </ul>	<ul style="list-style-type: none"> <li>- Excessive roughness</li> <li>- Excessive stains, porosities and/or incremental lines requiring replacement of restoration</li> <li>- Uncured resin present</li> </ul>
<b>Margins</b>			
<ul style="list-style-type: none"> <li>- Junction of tooth/restoration not detectable with probe</li> <li>- No excess resin composite past preparation margin</li> <li>- No damage to adjacent teeth, gingiva or assessment tooth</li> </ul>	<ul style="list-style-type: none"> <li>- Junction of restoration/tooth slightly detectable by probe</li> <li>- Minor amount of resin beyond preparation margin</li> <li>- Minor damage to adjacent teeth and/or assessment tooth not requiring further adjustment</li> </ul>	<ul style="list-style-type: none"> <li>- Distinct deficiency or void at margins &lt;0.5mm wide</li> <li>- Excessive resin beyond preparation margin requiring correction</li> <li>- Moderate, correctable damage to adjacent teeth and/or assessment tooth</li> <li>- Minor damage to gingiva</li> </ul>	<ul style="list-style-type: none"> <li>- Deficiency or void at margins &gt;0.5mm wide</li> <li>- Gross amount of excess resin beyond preparation margin</li> <li>- Major damage to adjacent teeth and/or assessment tooth requiring restoration</li> <li>- Major damage to gingiva</li> </ul>
<b>Contour and function</b>			
<ul style="list-style-type: none"> <li>- Optimal contours on occlusal and proximal surfaces</li> <li>- Optimal proximal contact</li> <li>- No excess resin composite on adjacent soft tissues and/or teeth</li> </ul>	<ul style="list-style-type: none"> <li>- Under- or over-contoured by &lt;0.5mm</li> <li>- Proximal contact slightly occlusally or gingivally placed</li> </ul>	<ul style="list-style-type: none"> <li>- Under- or over-contoured by 0.5-1.0mm</li> <li>- Poorly defined morphology</li> <li>- Light proximal contact</li> <li>- Marginal ridge height discrepancy of &lt;0.5mm</li> <li>- Poor contour of proximal contact</li> <li>- Excess resin on adjacent soft tissues and/or other teeth</li> </ul>	<ul style="list-style-type: none"> <li>- Under- or over-contoured by &gt;1.0mm</li> <li>- Lack of appropriate morphology</li> <li>- Marginal ridge height discrepancy of &gt;0.5mm</li> <li>- Proximal contact absent</li> <li>- Restoration fractured</li> <li>- Gross amount of excess resin on adjacent soft tissues and/or other teeth</li> </ul>

## Class II Composite Cavity Preparation (Deciduous Tooth)

Ideal	Satisfactory	Borderline	Unsatisfactory
External and Internal form			
<ul style="list-style-type: none"> <li>- Optimal extension based on extent and location of caries in the following four dimensions:               <ul style="list-style-type: none"> <li>o Occlusal outline</li> <li>o Bucco-lingual box width</li> <li>o Axial depth</li> <li>o Proximal depth</li> </ul> </li> <li>- Occlusal outline has no more than a discrete dovetail</li> <li>- All internal line angles rounded</li> <li>- Gingival floor clears contact</li> <li>- No damage to gingiva, adjacent teeth or to the assessment tooth beyond the preparation</li> </ul>	<ul style="list-style-type: none"> <li>- Minor over-preparation of sound tooth structure (&lt;0.5mm) in any dimension</li> <li>- Some internal line angles not well-rounded</li> <li>- Gingival floor clears contact</li> <li>- Minor damage to adjacent tooth or assessment tooth not requiring further adjustment</li> </ul>	<ul style="list-style-type: none"> <li>- Cavity over-extended by between 0.5 and 1.5 mm in up to two dimensions</li> <li>- Some sharp internal line angles</li> <li>- Gingival floor partly clears contact</li> <li>- Minor, correctable damage to adjacent tooth or to assessment tooth beyond preparation margin</li> <li>- Minor damage to gingiva</li> </ul>	<ul style="list-style-type: none"> <li>- Cavity over-extended by more than 1.5mm in any dimension, or between 0.5 and 1.5mm in more than two dimensions</li> <li>- Cavitation not included in preparation</li> <li>- Internal line angles generally sharp</li> <li>- Gingival floor does not clear contact</li> <li>- Major damage to adjacent tooth, or to assessment tooth beyond preparation requiring restoration</li> <li>- Major damage to gingiva</li> </ul>
Finish			
<ul style="list-style-type: none"> <li>- Smooth cavo-surface margin</li> <li>- No caries</li> <li>- No debris</li> </ul>	<ul style="list-style-type: none"> <li>- Minor roughness of cavo-surface margin</li> <li>- Minor presence of fragile, unsupported enamel</li> <li>- Absence of caries</li> <li>- Absence of debris</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate roughness of cavo-surface margin</li> <li>- Moderate presence of fragile, unsupported enamel</li> <li>- Margins bevelled (gingival, axial or occlusal)</li> <li>- Minor caries remaining at one location</li> <li>- Presence of debris</li> </ul>	<ul style="list-style-type: none"> <li>- Gross roughness of cavo-surface margin</li> <li>- Significant presence of fragile, unsupported enamel</li> <li>- Margins heavily bevelled (gingival, axial or occlusal)</li> <li>- Extensive caries remaining</li> <li>- Gross amount of debris</li> </ul>



### Scaling Lingual Lower Anterior Teeth (6 teeth)

Each tooth will be checked at 6 sites: disto-buccal, mid-buccal, mesio-buccal, disto-lingual, mid-lingual and mesio-lingual

Ideal	Satisfactory	Borderline	Unsatisfactory
Calculus			
<ul style="list-style-type: none"> <li>- <i>No remaining calculus</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor remaining calculus detected in areas of difficult access</li> <li>- Calculus detected at 1-4 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Calculus remaining at 5-8 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Calculus remaining on more than half of sites</li> </ul>
Periodontal tissues			
<ul style="list-style-type: none"> <li>- <i>Minimal trauma to soft tissues</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minimal trauma to soft tissues, including lacerations, cuts or missing gingival tissue</li> <li>- Trauma found at 2-4 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate trauma to soft tissues, found at 5-8 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Significant trauma to soft tissues, found at more than half of sites</li> <li>- Major trauma at individual sites, such as destruction of papilla</li> </ul>
Damage to tooth/root surface			
<ul style="list-style-type: none"> <li>- <i>No surface roughness</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minimal areas of surface roughness, including scratching or gouging of the tooth/root surface, or uneven surface found at 1-4 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate surface roughness found at 5-8 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Significant surface roughness found at more than half of sites</li> <li>- Major damage at individual sites</li> </ul>

### Root Debridement (2 teeth)

- includes scaling of task teeth

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>Calculus</p> <ul style="list-style-type: none"> <li>- <i>No remaining calculus</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor remaining calculus detected in areas of difficult access (i.e. furcation area)</li> <li>- Calculus detected at 1-2 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Calculus remaining at 3-5 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Calculus remaining on more than half of sites</li> </ul>
<p>Periodontal tissues</p> <ul style="list-style-type: none"> <li>- <i>Minimal trauma to soft tissues</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor trauma to soft tissues, including lacerations, cuts or missing gingival tissue</li> <li>- Trauma found at 1-2 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate trauma to soft tissues, found at 3-5 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Significant trauma to soft tissues, found at more than half of sites</li> <li>- Major trauma at individual sites, such as destruction of papilla</li> </ul>
<p>Damage to tooth/root surface</p> <ul style="list-style-type: none"> <li>- <i>No surface roughness</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor areas of surface roughness, including scratching or gouging of the tooth/root surface, or uneven surface found at 1-2 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate surface roughness found at 3-5 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Significant surface roughness found at more than half of sites</li> <li>- Major damage at individual sites</li> </ul>

### Root Debridement (3 teeth)

- includes scaling of task teeth

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>Calculus</p> <ul style="list-style-type: none"> <li>- <i>No remaining calculus</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor remaining calculus detected in areas of difficult access (i.e. furcation area)</li> <li>- Calculus detected at 1-4 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Calculus remaining at 5-8 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Calculus remaining on more than half of sites</li> </ul>
<p>Periodontal tissues</p> <ul style="list-style-type: none"> <li>- <i>Minimal trauma to soft tissues</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor trauma to soft tissues, including lacerations, cuts or missing gingival tissue</li> <li>- Trauma found at 2-4 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate trauma to soft tissues, found at 5-8 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Significant trauma to soft tissues, found at more than half of sites</li> <li>- Major trauma at individual sites, such as destruction of papilla</li> </ul>
<p>Damage to tooth/root surface</p> <ul style="list-style-type: none"> <li>- <i>No surface roughness</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor areas of surface roughness, including scratching or gouging of the tooth/root surface, or uneven surface found at 1-4 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate surface roughness found at 5-8 sites</li> </ul>	<ul style="list-style-type: none"> <li>- Significant surface roughness found at more than half of sites</li> <li>- Major damage at individual sites</li> </ul>

## Fissure Sealant

Ideal	Satisfactory	Borderline	Unsatisfactory
<p>Material placement</p> <ul style="list-style-type: none"> <li>- <i>Material placement covers all pits and fissures and does not affect occlusion</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor areas of inadequate material placement not exposing pits or fissures</li> <li>- Minor areas of excess material placement not affecting occlusion</li> </ul>	<ul style="list-style-type: none"> <li>- Material placement slightly insufficient</li> <li>- Slight excess material likely to impact on occlusion</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Material placement grossly insufficient</b></li> <li>- <b>Gross excess material which may severely impact the occlusion</b></li> </ul>
<p>Restoration quality and polish</p> <ul style="list-style-type: none"> <li>- <i>Uniform smoothness</i></li> <li>- <i>No contamination of resin (no stains or inclusions)</i></li> </ul>	<ul style="list-style-type: none"> <li>- Areas needing polishing</li> <li>- Minor contamination of resin not affecting durability or aesthetics</li> </ul>	<ul style="list-style-type: none"> <li>- Contamination of resin that requires correction</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Unacceptable roughness, deep scratches or voids</b></li> <li>- <b>Contamination of resin requiring replacement of entire restoration</b></li> </ul>
<p>Margin</p> <ul style="list-style-type: none"> <li>- <i>Junction of tooth/sealant not detectable with explorer</i></li> <li>- <i>No damage to adjacent teeth, assessment tooth or gingiva</i></li> </ul>	<ul style="list-style-type: none"> <li>- Minor damage to adjacent tooth and/or assessment tooth not requiring further adjustment</li> </ul>	<ul style="list-style-type: none"> <li>- Minor, correctable damage to adjacent tooth and/or assessment tooth</li> <li>- Minor damage to gingiva</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Major damage to adjacent and/or assessment tooth</b></li> <li>- <b>Major damage to gingiva</b></li> </ul>

## Radiographic exercise

Ideal	Satisfactory	Borderline	Unsatisfactory
<ul style="list-style-type: none"> <li>- <i>Appropriate film selected and oriented</i></li> <li>- <i>Optimal positioning of film so that assessment tooth is centred in the image (Periapical)</i></li> <li>- <i>Occlusal plane is centred and parallel to film borders (Bitewing)</i></li> <li>- <i>No cone cut</i></li> <li>- <i>No horizontal overlapping of proximal surfaces for assessment tooth</i></li> <li>- <i>No foreshortening or elongation of image</i></li> <li>- <i>Apex and 2.0mm of adjacent area of assessment tooth visible on image (periapical)</i></li> <li>- <i>Interproximal areas from distal of 4s to mesial 7s visible (bitewing)</i></li> </ul>	<ul style="list-style-type: none"> <li>- Assessment tooth is slightly off centre but still visible on image</li> <li>- Cone cut &lt;10% and not affecting nominated area</li> <li>- Overlapping of proximal areas &lt;1/2 enamel width</li> <li>- Slight foreshortening or elongation of image</li> <li>- Apex and adjacent area of assessment tooth visible on image (periapical)</li> <li>- All nominated interproximal areas visible (bitewing)</li> </ul>	<ul style="list-style-type: none"> <li>- Inappropriate film orientation</li> <li>- Assessment tooth not completely visible on image</li> <li>- Significant cone cut but still not affecting nominated area</li> <li>- Overlapping of occlusal or proximal areas &gt;1/2 enamel width</li> <li>- Moderate foreshortening or elongation</li> <li>- Apex of assessment tooth is visible on image but no periapical bone (periapical)</li> <li>- One nominated interproximal area not visible (bitewing)</li> </ul>	<ul style="list-style-type: none"> <li>- Inappropriate film selected</li> <li>- Film reversed</li> <li>- Film artifact appears in area of nominated tooth</li> <li>- Assessment tooth not visible on image</li> <li>- Cone cut affecting nominated area</li> <li>- Overlapping of occlusal or proximal areas involving dentine</li> <li>- Major foreshortening or elongation</li> <li>- Apex of assessment tooth not visible on image</li> <li>- &gt;1 nominated interproximal area not visible (bitewing)</li> </ul>

## Rubber Dam Application

Ideal	Satisfactory	Borderline	Unsatisfactory
<ul style="list-style-type: none"> <li>- <i>Appropriate clamp</i></li> <li>- <i>Stable clamp</i></li> <li>- <i>Clamp secured with appropriate length of dental floss</i></li> <li>- <i>Orientation provides an unrestricted airway</i></li> <li>- <i>Dam inverted on all isolated teeth</i></li> <li>- <i>All punch holes in appropriate positions</i></li> <li>- <i>Dam and frame positioned for optimal access, safety, moisture control and patient comfort</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Dam inverted in operative area only</i></li> <li>- <i>Minor deviations in punch hole locations</i></li> <li>- <i>Dam or frame positioning needs minor adjustment for access, safety, moisture control and/or patient comfort</i></li> </ul>	<p>Any two of the following:</p> <ul style="list-style-type: none"> <li>- Unnecessary trauma to gingiva or teeth</li> <li>- Unstable clamp</li> <li>- Inadequately secured clamp</li> <li>- Patient airway compromised</li> <li>- Dam not over the wings of the clamp</li> <li>- Clamp on rubber dam</li> <li>- Most distal tooth not clamped</li> <li>- Frame incorrectly oriented</li> <li>- Dam not inverted in operative area</li> <li>- Dam not through all interproximal areas</li> <li>- Punch holes improperly positioned</li> <li>- Tears or holes in dam compromising function</li> <li>- Inappropriate use of caulking agent (i.e. OraSeal)</li> </ul>	<p>Any three or more of the borderline criteria OR:</p> <ul style="list-style-type: none"> <li>- Dam not placed in allotted time</li> <li>- Improper position of dam and frame not allowing treatment on indicated tooth</li> <li>- Major tears or holes compromising function</li> <li>- Dam or frame needs major adjustment for access, safety, moisture control and/or patient comfort</li> </ul>

## Record of Procedures

Candidates may be required to record all the procedures they undertake on one of the assessment days as an Assessment Task. Candidates will be provided with a *Dental Records Form* to complete and instructions for completion.

Candidates are referred to the Dental Board of Australia's ***Dental guidelines on dental records*** which provide guidance for dental practitioners and those seeking to become registered in the dental profession in Australia. Records will be expected to comply with these guidelines. Errors will be recorded when entries do not comply with these guidelines.

Examples of unacceptable Recording of Procedures include:

- illegible information
- incorrect information
- missing information
- incorrectly amended information.

Ideal	Satisfactory	Borderline	Unsatisfactory
- <i>In accordance with the Dental Board of Australia Guidelines on dental records</i>	- One error on the Dental Records Form	- Two or three errors on the Dental Records Form	- More than three errors on the Dental Records Form

## Infection Control

Candidates must perform all tasks as if they were being performed on a live patient. This includes following standard cross-infection control procedures. Candidates are referred to the Dental Board of Australia's [Guidelines on infection control](#) which provide guidance for dental practitioners and those seeking to become registered in the dental profession in Australia. Candidates will be expected to comply with these guidelines. Candidates are required to attend the examination suitably attired. As this is a simulated examination, manikins must be appropriately positioned and handled as if they were a live patient. Violations will be recorded when candidates do not comply with these guidelines.

Examples of unacceptable Infection Control include:

- hand hygiene breaches
- breaches of clean/contaminated zones
- inappropriate use of personal protective equipment
- inappropriate sharps handling.

If a candidate drops an instrument or treatment material during a task, they must notify an examiner before retrieving the article.

Ideal	Satisfactory	Borderline	Unsatisfactory
- <i>In accordance with the Dental Board of Australia Guidelines on infection control</i>	- One infection control violation	- Two infection control violations	- Three or more infection control violations



## Clinical Communication

Candidates may be required to undertake a Clinical Communication role play as one of the assessment tasks. This will involve a discussion with a simulated patient. Candidates will be given a clinical scenario to read prior to their allocated Communication session. The clinical scenario will provide information about a case, and may include history, examination, clinical photographs and/or radiographs. Candidates will then have 10 minutes to discuss a particular aspect of the case with the simulated patient. For example, candidates may be asked to explain a diagnosis or discuss treatment options with a patient.

Candidates are expected to be familiar with the Dental Board of Australia's [Code of conduct for registered health practitioners](#), in particular as it relates to effective communication. Candidates will be assessed on both verbal and non-verbal communication skills.

All clinical scenarios used in the Clinical Communication task are available for review on the ADC website.

Ideal	Satisfactory	Borderline	Unsatisfactory
<ul style="list-style-type: none"> <li>- <i>In accordance with the Dental Board of Australia's Code of Conduct (the Code)</i></li> </ul>	<ul style="list-style-type: none"> <li>- minor deviations from the Code</li> </ul>	<ul style="list-style-type: none"> <li>- several deviations from the Code but overall message is understood</li> </ul>	<ul style="list-style-type: none"> <li>- multiple deviations from the Code AND/OR the overall message is not understood by the patient</li> </ul>



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