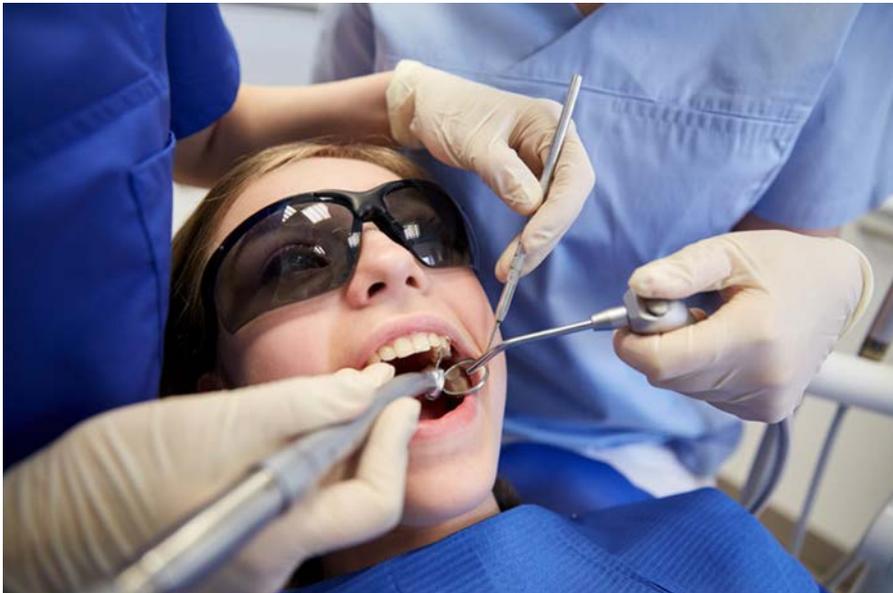


Australian
Dental
Council LTD



**Written Examination Handbook
2018**

Contents

| | |
|---|----|
| Introduction | 3 |
| Applying for the Written Examination | 3 |
| Booking the Written Examination | 3 |
| Changing Venue | 4 |
| Candidate Contact Information..... | 4 |
| Withdrawing from the Examination..... | 4 |
| Conduct of the Examination | 4 |
| Results..... | 5 |
| Written Examination Grades | 5 |
| Verification of Results and Appeals..... | 6 |
| Specification Matrix for Written Examination Format | 7 |
| Sample Multiple Choice Questions for Written Examination | 8 |
| Sample of a Scenario-Based Question for Written Examination | 11 |
| RESOURCES | 14 |

Introduction

The Australian Dental Council's Written Examination is designed to test your knowledge of the science and practice of dentistry and to assess clinical judgement and reasoning skills relevant to dental practice in Australia.

Each Written Examination session is held over two full consecutive days and two sessions are held each year, during the first half of March and September. The examination is computer-delivered and is offered in multiple locations within Australia and overseas.

The Written Examination consists of four papers containing both scenario-based and single-best answer Multiple Choice Questions (MCQ). Each examination consists of a different set of questions, however the standard required for a pass in each examination is the same. The four papers must be completed in one examination session, *i.e.* it is not possible to sit one of the papers in March (or September) and the remaining paper/s in September (or March).

There is no restriction on the number of attempts allowed for the ADC Written Examination, however a new application is needed and the examination fee must be paid for each attempt.

A pass in the Written Examination is valid for three years only. This means that candidates who pass the Written Examination must pass the Practical Examination within three years of notification of a successful result in the Written Examination. Candidates who do not complete the Practical Examination in this timeframe must re-sit and pass the Written Examination to again become eligible to enter the Practical Examination.

Applying for the Written Examination

To apply for the Written Examination you must have successfully completed the ADC Initial Assessment of Professional Qualifications in General Dentistry.

Written Examination application opening and closing dates are published on the ADC website. You must complete the *Written Examination Application* form relevant to your profession and submit the form during the advertised application period. Candidates who submit a **complete** application form (including payment) during the application period will be notified if they are eligible to sit that Written Examination.

Booking the Written Examination

The ADC Written Examination is delivered by Pearson VUE. Shortly after the Written Examination application closing date, eligible candidates will receive a *Written Examination Authorisation* letter from the ADC with instructions on how to book their examination venue through Pearson VUE.

Once you receive an *Authorisation to Test* email from Pearson VUE you can log onto the Pearson VUE system to book your examination venue.

The dates and venues of the ADC Written Examination covered by your authorisation will be available during the booking process. You have authorisation to book both Day One (Paper 1 and Paper 2) and Day Two (Paper 3 and Paper 4) examinations. You must book both examination days and must select the same venue for both days.

Bookings will be open for approximately three (3) weeks from the date of your *Authorisation to Test* email. Some venues have limited capacity and are allocated on a 'first come, first served' basis. You should book as soon as possible once you receive your authorisation notification.

A list of past examination venues is available on the ADC website, but venues are subject to change, sometimes at short notice. You should check the current venues on the Pearson VUE website once you have your *Authorisation to Test* email and ensure that you are able to travel to your preferred venue before booking.

Once the booking is complete, you will receive a confirmation email from Pearson VUE detailing the time, location and requirements for the examinations.

You will also receive a reminder email from Pearson VUE seven days prior to the examination.

Changing Venue

Once an examination booking has been made, you may request a change of venue up to booking closure. Changes of venue should be made directly through Pearson VUE.

Candidate Contact Information

Any change in contact details must be notified to the ADC immediately using the *Notification of Change of Contact Details* form which can be found on www.adc.org.au. Changes to contact details cannot be accepted after the close of registration. Candidates who fail to advise the ADC of address changes or to employ a suitable mail redirection service from their previous address will be required to pay an administration fee for reissue of information. **Candidates must arrange redirection of mail, including email, if they change their contact details after the close of the examination booking period.**

Venue details and urgent information will be communicated to you via your nominated email address. Please ensure the email address you provide is reliable and checked regularly. Candidates who use free internet providers (gmail, yahoo etc.) should properly maintain their mailboxes and check junk mail or other filters. The ADC/Pearson VUE will not be responsible for non-receipt of correctly addressed emails.

Withdrawing from the Examination

Withdrawal from an ADC examination can be made by submitting a *Notification of withdrawal from an ADC examination* form **directly to the ADC**, advising that you wish to withdraw. Pearson VUE cannot process candidate withdrawals.

If you withdraw from an examination after your application has been processed, but before booking your examination seat with Pearson VUE, you will be liable for an administration fee of 20% of your examination fee. Please refer to the *Fee Schedule* on the ADC website for current examination fees.

If you withdraw from a booked examination up to two (2) weeks before the examination date you will be eligible to receive a 50% refund of the examination fee. If you withdraw within two (2) weeks of the examination date you are not entitled to a refund unless your withdrawal is due to illness and is supported by a medical certificate reporting inability to undertake the examination, in which case you may be eligible for a 50% refund.

Please visit the ADC website for more details of the withdrawal process and withdrawal fees. Examinations cannot be rescheduled, i.e. application forms and examination fees cannot be transferred to alternate examination dates. If a candidate wishes to sit the examination at a later date they must withdraw from the current examination session and submit a new application and payment.

Failure to undertake the examination because of an inability to obtain necessary visas or to arrange travel *etc.* will be considered a withdrawal, and the full examination fee, or withdrawal fee as above, will apply.

Conduct of the Examination

You must comply with the ADC *Candidate Rules Agreement* provided prior to sitting the Written Examination as ADC examinations are conducted under the strictest supervision. You will be asked to sign a copy of the *Candidate Rules Agreement* at the examination venue. You may view the *Candidate Rules Agreement* on the ADC website. Any candidate found to be in breach of the examination rules will be reported to the ADC and may have their examination result invalidated.

The Written Examination will be delivered via a computer screen. Each candidate will be allocated a workstation. At the start of each day you will be presented with a tutorial guiding you through the format of the examination. You will be provided all materials necessary for the examination. Calculators or other electronic or mechanical aids are neither required nor permitted. Scrap paper is neither provided nor permitted for the Written Examination papers. If you wish to familiarise yourself with computer delivered examinations, a generic practice test is freely available on the Pearson VUE website.

You are required to bring with you evidence of your identity as authorisation to sit the examination. These documents will be checked before you will be allowed to sit the examination. You must present **two** forms of identification (ID). You may present either two forms of Primary ID, or one form of Primary ID and one form of Secondary ID.

Primary ID. Primary ID documents must be government issued with your name, a recent recognizable photograph and a signature, such as an International Travel Passport.

Secondary ID. Secondary ID documents must contain either your name and a recent, recognisable photograph or your name and signature such as a debit/credit card, or your driver's licence (if not used as primary ID).

The ID documents that you present at the examination must be original (i.e. no photocopies) and current at the time of the examination. The first and last names that you used to register for the examination must **exactly** match the first and last names on the ID documents that you present.

If you have any questions about the ID you are required to bring with you to the examination venue you should contact the ADC. Any exceptions to the ID policy must be pre-approved by the ADC at least two weeks before the examination date.

You must be at the examination centre no later than the arrival time stated on your Pearson VUE *Confirmation email*; this is usually 30-60 minutes before the examination starts.

Once the examination has commenced no candidate will be granted late entry, regardless of the reason. Failure to sit a paper will be deemed an automatic FAIL of the entire examination.

Results

Candidates will be advised of their result in the Written Examination via the ADC Candidate Portal.

To access the Portal you will be provided with your own unique login and password prior to the release of results. Written Examination results will be released 4 to 6 weeks after the date of the examination. You should not contact the ADC before this time has elapsed.

Written Examination Grades

ADC Written Examination results will appear on your Results Profile. To be awarded a PASS in the Written Examination, candidates must PASS all four written papers. The Results Profile also provides a grade for each paper attempted. Grades A, B and C are PASS grades and grades D and E are FAIL grades.

Verification of Results and Appeals

Verifications:

Candidates who fail the Written Examination may apply for a verification of examination results. The *Application of Verification of the Written Examination* and the required fee must be submitted within 28 days of the date of receipt of the examination results.

The verification process does not provide candidates with the questions and their answers from the examination. The ADC does not release such examination material to candidates.

Appeals:

Appeal conditions, as they apply to Written Examination candidates, are as follows:

- Applications for an appeal or review must be in writing and clearly state the grounds for the appeal. The appeal should include any relevant supporting documentation and be accompanied by the stipulated fee. Appeals applications will not be processed until the fee has been received
- A written application for an appeal should be forwarded to the ADC, together with the relevant fee, within 28 days of receiving the notification of the examination outcome
- The application must be substantiated with supporting documentation or statements
- The appeal will be referred to an Appeals Panel that will review the process and the decision that was made and will make a recommendation to the ADC and the candidate will be advised of the outcome within six weeks of the appeal being lodged
- If the appeal is upheld all fees will be refunded to the candidate

When an appeal to the ADC has been heard by the Appeals Panel but the applicant still believes that there has been a breach in the administrative process relating to their assessment, they may lodge a written appeal to be heard by an Independent Appeals Committee (IAC).

The IAC is composed of members who are independent of the ADC and the ADC Appeals Panel.

The Independent Appeal conditions as they apply to candidates are as follows:

- A candidate must have undertaken the Appeals Panel process outlined above before proceeding to an IAC hearing
- A written application for an independent appeal should be addressed to the 'Chair, IAC' and sent to the ADC, together with the relevant fee, within 28 days of receiving the notification of the Appeals Panel outcome
- The application must be substantiated with supporting documentation or statements
- Following consideration of the case, the IAC will deliver its decision to the ADC in order to advise the candidate of the outcome
- If the independent appeal is upheld all fees will be refunded to the candidate

Please note all relevant fees for verification of results and ADC appeals can be found on the ADC website, www.adc.org.au .

Specification Matrix for Written Examination Format

The ADC Written Examination is designed to test the candidate's knowledge of the science and practice of dentistry and to assess clinical judgement and reasoning skills relevant to dental practice in Australia.

The questions in each paper will focus on, but not be limited to, the disciplines listed in the table below. For example, Paper 2 will mainly focus on Prosthodontics and Implantology but will also require knowledge from other disciplines.

| | | | |
|--------------------------------------|---------------------------------|--------------------------------------|-----------------------------------|
| Paper 1 | | | |
| <i>Tooth Conservation</i> | <i>Dental Caries</i> | <i>Endodontics</i> | <i>Dental Pulp</i> |
| <i>Dental materials</i> | | | |
| Paper 2 | | | |
| <i>Fixed Prosthodontics</i> | <i>Removable Prosthodontics</i> | <i>Implantology</i> | |
| Paper 3 | | | |
| <i>Anaesthesia and Resuscitation</i> | <i>Infection Control</i> | <i>Medicine and Surgery</i> | <i>Oral Maxillofacial Surgery</i> |
| <i>Oral Medicine</i> | <i>Oral Pathology</i> | <i>Pharmacology and Therapeutics</i> | |
| Paper 4 | | | |
| <i>Orthodontics</i> | <i>Paediatric Dentistry</i> | <i>Periodontics</i> | <i>Preventive Dentistry</i> |
| <i>Public Dental Health</i> | <i>Radiology</i> | | |

In the following pages we have provided samples of Scenario-based and Single-best answer MCQs.

The sample questions are taken from the existing question bank and will not be used again in any future examination.

While these sample questions represent the *type* of questions currently being used in the examination, it is possible that some of the sample questions and answers may not reflect recent advances in knowledge or practice.

Sample Multiple Choice Questions for Written Examination

Single-Best Answer Questions

In these questions one or more answers may be correct but candidates must select the ONE best answer. Correct answers are marked in **red**.

- 1. Which of the following would most clearly differentiate an acute periodontal abscess from an acute periapical abscess?**
 - A. pigmentation of the gingivae
 - B. nature of the swelling
 - C. degree of tooth mobility
 - D. response to a test for vitality**
 - E. tenderness to percussion

- 2. A 25 years-old male complained of many minute vesicles on the vermillion border of the upper lip. The vesicles were preceded by an "itching" sensation. The patient stated the vesicles develop "two or three times" a year. The MOST LIKELY diagnosis is**
 - A. impetigo
 - B. herpes zoster
 - C. recurrent herpes simplex infection**
 - D. primary herpetic stomatitis
 - E. recurrent aphthous ulceration

- 3. A patient presents with painless, bluish lump (10 mm in diameter) just inside the vermillion border of the lower lip. The MOST LIKELY diagnosis is**
 - A. smokers' keratosis
 - B. squamous cell carcinoma
 - C. mucocoele**
 - D. fibroma
 - E. fibro-epithelial polyp

- 4. The EARLIEST apical radiographic change seen in a pulpally involved tooth is**
 - A. resorption of bone
 - B. loss of lamina dura
 - C. external root resorption
 - D. hyper-cementosis
 - E. widening of the periodontal ligament space**

5. The drug most commonly used to treat trigeminal neuralgia is
- A. diazepam (Valium)
 - B. carbamazepine (Tegretol)**
 - C. Ergotamine
 - D. phenytoin (Dilantin)
 - E. metronidazole (Flagyl)
6. An injection at the anterior border of the ramus of the mandible, a centimetre above the lower occlusal plane, will anaesthetise the
- A. lingual nerve
 - B. long buccal nerve**
 - C. facial nerve
 - D. posterior superior alveolar nerve
 - E. mylo-hyoid nerve
7. The **MOST COMMON** problem arising from premature extraction of deciduous molars is the loss of
- A. arch length**
 - B. facial contour
 - C. vertical height
 - D. sibilant speech sounds
 - E. freeway space
8. A substance used as a non-cariogenic substitute for sugar is
- A. fructose
 - B. glucose
 - C. lactose
 - D. maltose
 - E. sorbitol**

9. A patient develops unilateral facial paralysis within ten minutes after an attempted inferior alveolar nerve block on the same side. The most logical explanation is that the injection was made into the

- A. parotid gland
- B. masseter muscle
- C. maxillary artery
- D. pterygomandibular ligament
- E. buccinator muscle

10. The tooth MOST often congenitally missing is the

- A. mandibular first premolar
- B. mandibular lateral incisor
- C. maxillary first molar
- D. maxillary lateral incisor
- E. maxillary canine

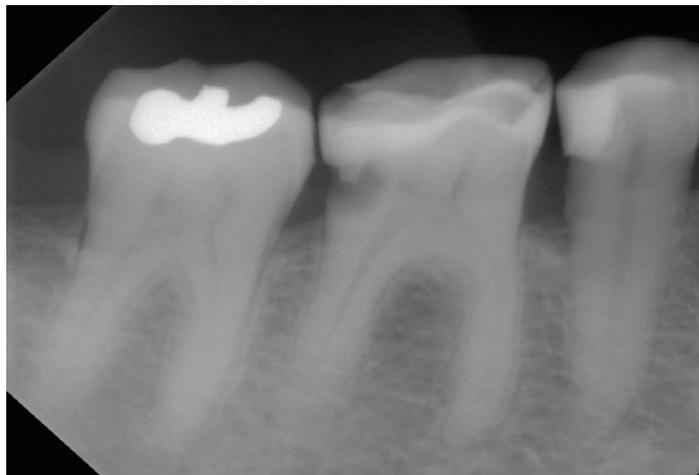
Sample of a Scenario-Based Question for Written Examination

Correct answers are marked in **red**.

A 64-year-old patient who is receiving warfarin as part of the management of his atrial fibrillation tells you that one of his lower right back teeth was restored three years ago by a dentist who has since retired from your practice.

The tooth is now occasionally sensitive to hot and cold. The clinical notes confirm the history and indicate that the tooth was restored using a resin composite material.

You obtain the attached periapical radiograph.



Q 1 In addition to testing the pulp vitality with either cold or an electric pulp tester, which of the following clinical tests or procedures would be the most appropriate to assist in making a diagnosis?

- A Orthopantomogram
- B Bite-wing radiograph
- C Percussion**
- D Crack testing
- E INR

- Q 2 In case like this Class II composite restorations of posterior teeth are more likely to fail due to recurrent caries if
- A the material is placed in increments because of the risk of leakage between the increments.
 - B a glass-ionomer lining is used because of the risk that the lining will leach out over time.
 - C occlusal loads are applied to the marginal ridge due to flexure of the material.
 - D the curing time is extended due to greater shrinkage of the material.
 - E **the gingival margin is on dentine because bonding under these conditions is unpredictable.**
- Q 3 Given the history and the radiographic evidence, would you expect the “sensitivity” to hot and cold that the patient reports to be
- A sharp, occurring once or twice per week and only with ice-cream and hot coffee?
 - B sharp and relieved on removal of the hot or cold stimulus?
 - C **dull and lingering for 1-2 minutes?**
 - D always present but worse after a hot or cold stimulus?
 - E worse in the morning
- Q 4 If you decided to extract the tooth and in planning for the procedure you find that that the patient’s INR is 2.4, would you:
- A **Proceed with the extraction and provide appropriate post-operative instructions.**
 - B Proceed with the extraction and suggest that the patient stop their warfarin for 3 days
 - C Suggest that the patient stop their warfarin and commence taking 125mg aspirin before returning in 3 days to have the tooth removed.
 - D Consult the patient’s cardiologist to discuss stopping their warfarin treatment.
 - E Refer to patient to a consultant Oral and Maxillofacial Surgeon who is best

placed to manage complex surgical problems such as this.

Q 5 After removal of the 46, which of the following prosthodontic options would be most appropriate?

- A Immediate placement and immediate restoration with a dental implant.
- B Replacement with an immediate removable partial denture.
- C Replacement with a removable partial denture after the extraction site has healed.
- D Replacement with a fixed bridge.
- E **No replacement until the patient has had an opportunity to assess their functional and aesthetic concerns.**

RESOURCES

The content of the examinations is derived from the same broad range of resources that dental students and practitioners in Australia commonly refer to. As a result it is not possible to identify a narrow list of textbooks and journals with which candidates must be familiar and from which the examination will be derived. However, as a guide, candidates might find recent editions of the following resources a useful starting point in preparing for the examinations:

General dentistry

Australian Dental Association Inc. Policy Statement 6.5.1, Code of ethics for dentists.

<https://www.ada.org.au>

Australian Dental Association, Victorian Branch. By-law 2, Ethics. www.adavb.net/AboutUs/OurPolicies/RulesandByLaws/tabid/997/language/en-US/Default.aspx#ADAVB-the-voice-of-dentistry-in-Victoria-0110101111101010

Fan KFM, Jones J. MCQs for dentistry, 2nd edn. Knutsford, UK: PasTest Ltd, 2010

Hammond D. EMQs for dentistry, 2nd edn. Knutsford, UK: PasTest Ltd, 2011

Ireland R, ed. A dictionary of dentistry. Oxford: Oxford University Press, 2010

Mitchell DA, Mitchell L. Oxford handbook of clinical dentistry (Oxford medical handbooks), 6th edn. Oxford: Oxford University Press, 2014

Cariology

Fejerskov O, Nyvad B, Kidd E, eds. Dental caries: the disease and its clinical management, 3rd edn. Hoboken, NJ: Wiley Blackwell, 2015

Community dentistry

Burt BA, Eklund SA, eds. Dentistry, dental practice and the community, 6th edn. St Louis: Elsevier Saunders, 2005

Endodontics

Torabinejad M, Fouad A, Walton RE. Endodontics: principles and practice, 5th edn. St Louis: Elsevier Saunders, 2015

Diagnosis

Okeson, JP. Bell's Oral and facial pain (formerly Bell's Orofacial pain), 7th edn. Chicago: Quintessence, 2014

Infection control

Australian Dental Association. Guidelines for infection control; 3rd edn. 2015

Materials

Anusavice KJ, Shen C, Rawls HH, eds. Phillip's Science of dental materials, 12th edn. Amsterdam: Saunders Elsevier, 2012

Medicine

Walker BR, Colledge NR, Ralston SH, Penman I, eds. Davidson's principles and practice of medicine, 22nd edn. Edinburgh: Churchill Livingstone Elsevier, 2014

Operative/restorative

Heymann HO, Swift EJ, Ritter AV, eds. Sturdevant's art & science of operative dentistry, 6th edn. St Louis: Elsevier Mosby, 2013

Mount GJ, Hume WR, Ngo HC, Wolff MS, eds. Preservation and restoration of tooth structure, 3rd edn. Oxford, UK: Wiley Blackwell, 2016

Oral medicine/oral pathology

Cawson RA, Odell EW. Cawson's Essentials of oral pathology and oral medicine, 8th edn. Amsterdam: Churchill Livingstone Elsevier, 2008

Soames JV, Southam JC. Oral pathology (Oxford medical publications), 4th edn. Oxford: Oxford University Press, 2005

Orthodontics

Profitt WR, Fields HW, Sarver DM, Ackerman JL. Contemporary orthodontics, 5th edn. St Louis: Elsevier Mosby, 2013

Paediatric dentistry

Cameron AC, Widmer RP. Handbook of pediatric dentistry, 4th edn. St Louis: Elsevier Mosby, 2014

McDonald RE, Avery DR, Dean JA. McDonald and Avery's Dentistry for the child and adolescent, 10th edn. St Louis: Mosby, 2016

Periodontology

Newman MG, Takei HH, Klokkevold PR, Carranza FA. Carranza's clinical periodontology, 12th edn. St Louis: Saunders Elsevier, 2015

Pharmacology and therapeutics

Therapeutic guidelines – Oral and dental, Version 2. Melbourne: Therapeutic Guidelines Limited, 2012

Rang HP, Ritter JM, Flower RD, Henderson G. Rang & Dale's Pharmacology, 8th edn. Edinburgh: Churchill Livingstone, 2016

PREVENTION

Murray JJ, Nunn JH, Steele JG, eds. Prevention of oral disease, 4th edn, Oxford: Oxford University Press, 2003

Prosthodontics

Zarb GA, Hobkirk J, Eckert S, Jacob R, eds. Prosthodontic treatment for edentulous patients: complete dentures and implant-supported prostheses, 13th edn. St Louis: Elsevier Mosby, 2013

Shillingburg HT, Sather DA Jr, Wilson EL Jr, Cain JR, Mitchell DL, Blanco LJ, Kessler JC. Schillingburg Fundamentals of fixed prosthodontics, 4th edn. Chicago: Quintessence Publishing, 2012

Davenport JC, Basker RM, Heath JR. Clinical guide to removable partial dentures. London: BDJ Books, 2000

Radiology

Australian Radiation Protection & Nuclear Safety Agency. Radiation Protection Series Publication No. 10, Code of practice and safety guide for radiation protection in dentistry, 2005. www.arpansa.gov.au

Koong B. Atlas of oral and maxillofacial radiology. Oxford UK: Wiley Blackwell, 2017

Regulations

Dental Board of Australia. Various policies, codes and guidelines. www.dentalboard.gov.au

Special needs

Little JW, Falace D, Miller C, Rhodus NL. Dental management of the medically compromised patient, 8th edn. St Louis: Elsevier Mosby, 2013

Scully HC. Scully's medical problems in dentistry, 7th edn. Edinburgh: Churchill Livingstone, 2014

Traumatology

Andreasen JO, Bakland LK, Flores MT, Andreasen FM, Andersson L. Traumatic dental injuries: a manual, 3rd edn. Oxford, UK: Iley, 2011

Journals

- Australian Dental Journal
- British Dental Journal
- Journal of the American Dental Association
- Journal of Prosthetic Dentistry
- Journal of Dentistry
- Operative Dentistry
- Quintessence



ABN 70 072 269 900

© **Copyright 2018**

This work is copyright 2018. Copyright is held by the Australian Dental Council.

It may not be reproduced for commercial use or sale. Reproduction requires a licence or written permission which may be obtained from:

Australian Dental Council

PO Box 13278

Law Courts,

Victoria 8010

Australia

Tel +61 (0)3 9657 1777

Fax +61(0)3 9657 1766

Email: info@adc.org.au

Web: www.adc.org.au

Version January 2018