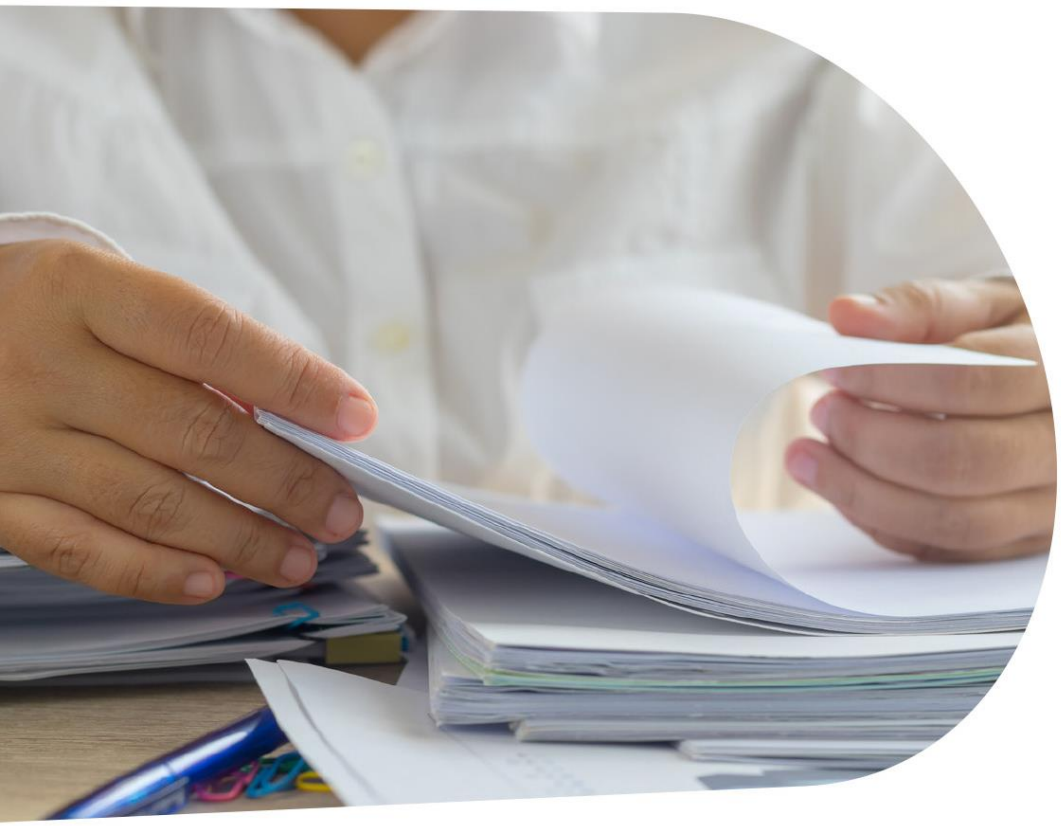
AUSTRALIAN
DENTAL COUNCIL

ADC Practical Examination

Dental hygiene and/or dental therapy handbook



Phone: +61(0) 3 9657 1777
Fax: +61 (0) 3 9657 1766
Email: enquiries@adc.org.au

PO Box 13278
Law Courts Victoria 8010
Australia

www.adc.org.au
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ABN 70 072 269 90

The Australian Dental Council acknowledges the Australian Aboriginal and Torres Strait Islander Peoples of this nation. We acknowledge the traditional custodians of the lands on which our company is located and where we conduct our business, the Wurundjeri Woiwurrung People of the Kulin Nation. We pay our respects to their Elders, past, present.

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Address: Level 6, 469 La Trobe Street Melbourne VIC 3000 Australia

Postal address: PO Box 13278, Law Courts, VIC, 8010

Tel +61 (0) 3 9657 1777

Fax +61 (0) 3 9657 1766

Email: info@adc.org.au

Web: www.adc.org.au

ABN 70 072 269 900

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Purpose

The Australian Dental Council (ADC) assessment process for overseas-trained dental practitioners is designed to protect public safety. It ensures that only practitioners who are appropriately trained and qualified are eligible to apply for registration.

Practitioners must also demonstrate the ability to practise in a competent and ethical manner before progressing to the Dental Board of Australia (DBA) registration process.

The ADC practical examination is aligned with current Australian best practice and is conducted at the dedicated ADC Examination Centre in Melbourne, Australia. The practical examination is the third step in the ADC assessment process.

The format of the ADC assessment and examination process has been approved for the purposes of registration in Australia. Exemptions from any component of the examination process cannot be granted under any circumstances.

Handbook objectives

This handbook provides guidance on the practical examination process. It should be read in conjunction with the *Practical Examination Information Package*, which contains detailed information about the examination centre, including its location, facilities, equipment, and materials.

Applying for the practical examination

Eligibility

If you hold a valid written examination, you are eligible to apply for a practical examination place, subject to any applicable application periods.

You may only apply for the registration division for which you are qualified. If you hold a dual qualification in dental hygiene and dental therapy (or oral health therapy), you may choose to undertake either the combined practical examination, or individual examinations for each respective division of registration (i.e. dental hygiene only OR dental therapy only).

A pass in the written examination is valid for five years from the date you are notified of your examination result.

Application process

If you are eligible, you may apply to sit a practical examination via your ADC Connect account during the designated application period.

The ADC provides detailed guidance on how to complete your application. The ADC Connect resources page includes videos that explain how to upload your identification documents and apply for the practical examination. Additional information is available through the Help Centre.

Examination dates and application periods are published on the ADC website.

You will be notified when your application has been received. Confirmation of your allocated practical examination date will be uploaded to ADC Connect within six weeks of the close of the application period.

If your booking is confirmed, you will receive an email outlining your examination schedule approximately four weeks before your practical examination date.

Examination accommodations

Accommodations in examinations refer to adjustments to the way an examination is administered, without compromising the integrity of the examination. The purpose of accommodations is to remove the impact of a disability or other medical condition, so that all candidates can fully demonstrate their skills without being given any advantage.

If you wish to request an accommodation, such as taking medication into the examination room, you must submit your request via email prior to your practical examination. The ADC may deny requests for special accommodations.

The ADC cannot grant exemptions from the requirements of the examinations under any circumstances. Accordingly, an accommodation cannot involve modification of the required standards, the tasks assessed, or the grade awarded.

Withdrawing from a practical examination

Withdrawal process

If you wish to withdraw from a practical examination, you must submit a withdrawal request via ADC Connect. A withdrawal is considered confirmed only once all required documentation has been submitted. The ADC will respond to you in writing. Further information about the withdrawal process is available on the ADC website.

Practical examinations cannot be rescheduled. Applications and examination fees cannot be transferred to an alternative examination session if you are unable to attend your allocated practical examination date. If you wish to sit the examination at a later date, you must withdraw from the current examination session and submit a new application and payment.

Refunds

You may forfeit some or all of your practical examination fees if you withdraw from a practical examination. This information is outlined in the Assessments and Examinations Withdrawal Procedure.

Practical Examination – All professions	
After the application has been received, but prior to the confirmation of the examination session	80% refund
After the examination is confirmed, (at least six weeks before the examination)	50% refund
After the examination is confirmed (within six weeks of the examination)	No refund
Withdrawal due to illness (supported by a medical certificate)	No more than 50% refund (% discretionary)

The ADC can only credit funds back to the credit card used to pay the examination fee.

Failure to undertake the examination due to the inability to obtain necessary visas, failure to arrange travel, and so on, will be considered a withdrawal and the refunds, as above, will apply.

Any refunds granted outside of these circumstances will be at the sole discretion of the chief executive officer.

What to expect during your practical examination

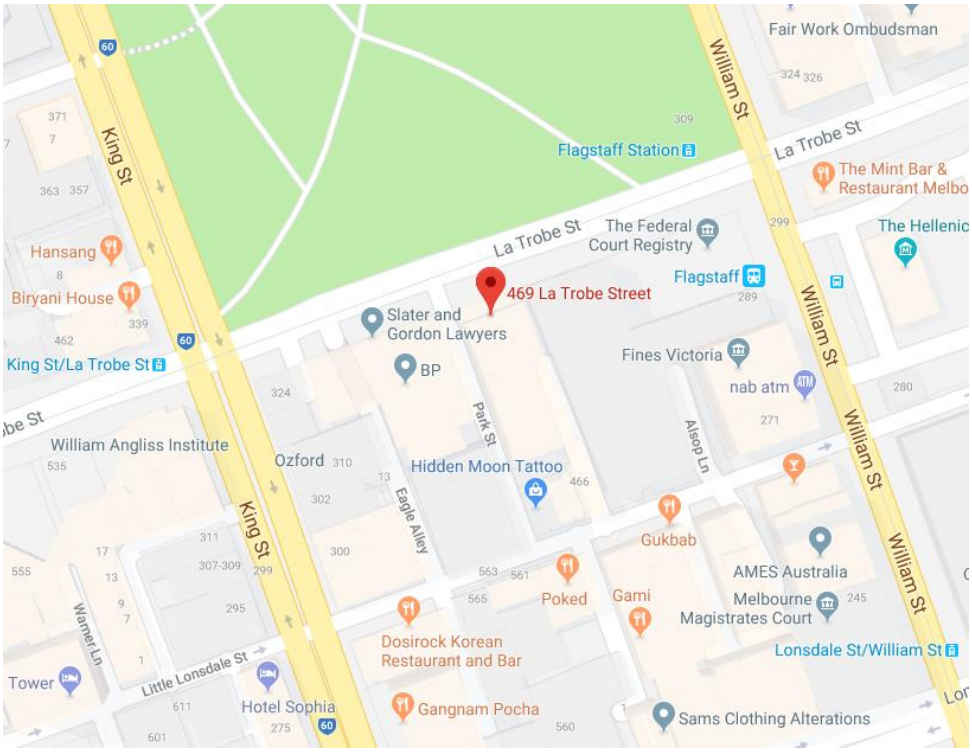
Prior to sitting the practical examination, you must ensure you are familiar with the *Practical examination information package*, which provides important, detailed information about the conduct of the practical examination.

Examination venue

All practical examinations are held at the ADC Examination Centre at:

Level 6, 469 La Trobe Street, Melbourne, VIC, 3000

Tel: 03 9657 1777



Examination day procedures

Examination registration

At the start of the examination day, you must present at the ADC Examination Centre reception area for registration.

You must arrive within the scheduled registration time. When directed, you must present current, government-issued photographic identification, such as a driver's licence or passport, which includes your signature. Your photograph will be taken at registration and your identity confirmed.

If you fail to provide the correct identification, comply with registration requirements, or arrive after the scheduled registration time, you may not be permitted into the examination.

Upon registration you will need to acknowledge that you have read and understood the Candidate rules agreement, available on the ADC website. Once registered, the registering officer will issue you with an identification badge. You must wear your identification badge at all times. The identification badge must be returned before leaving the examination centre.

Once registered you will be required to leave all your personal belongings in a secure locker for the duration of the day's examination. You will be asked to demonstrate that you have placed all of your belongings, including mobile phones, into the locker.

You will then be directed into the dedicated candidate lounge which is equipped with seating areas, bathrooms and light refreshments.

Orientation

Before the examination day commences, you will receive a short presentation outlining the venue's security arrangements and emergency evacuation procedures. You will also be shown the examination areas where you will undertake your assessment tasks.

These areas include:

- **Standard Task Rooms**, set up as consultation rooms
- **Technical Task Rooms**, set up as dental surgeries
- **Simulation Clinic**, set up with workstations that replicate dental chairs

You will have an opportunity to ask questions or seek clarification at the conclusion of the briefing.

Equipment, instruments and supplies

The ADC will supply all materials and equipment required for the practical examination. To assist with your preparation, detailed information about the materials and equipment available at the examination centre is provided in the *Practical Examination Information Package*.

Gloves, masks, and short-sleeve gowns will be available for your use. However, due to individual requirements, you must provide your own protective eyewear. You may also bring and use clinically suitable magnification aids. Disposable arm sleeve covers are available for candidates who require them for personal or religious reasons.

You are not permitted to bring any other equipment, materials, personal effects, or electronic devices into the examination. This includes, but is not limited to, smart watches and smart glasses. Any exemptions must be approved in writing by the ADC prior to the examination.

You should bring your own lunch, in clear packaging, which may be stored in the candidate lounge. The candidate lounge is equipped with microwaves, refrigeration, tea, coffee, and light snacks. Additional instructions regarding food and drink are available in the *Practical Examination Information Package*. Food and drinks are not permitted in the examination areas.

Candidate conduct

You must attend the examination appropriately and professionally attired. Shoes must be closed-toed and suitable for a dental clinic. Long hair and beards must be appropriately controlled. Additional information on appropriate clinical attire can be found in the infection control rubric located in the Appendix section of this booklet.

You are responsible for your personal belongings. A secure locker will be provided; however, the ADC is not responsible for the loss of, or damage to, personal items.

You must review the Candidate Rules Agreement and the Candidate Misconduct Policy prior to your examination. This is essential reading. At examination registration, you will be required to sign a declaration confirming that you agree to abide by the terms outlined in these documents.

Practical examination format

The practical examination is conducted in simulated clinical settings and is designed to provide you with the opportunity to demonstrate skills relevant to everyday clinical practice.

The content of both the written and practical examinations is based on the expected competencies of a recently qualified Australian dental practitioner at the point of graduation from an ADC-accredited dental program. These competencies are described in detail in the *Professional Competencies of the Newly Qualified Dental Practitioner* (the competencies).

The practical examination assesses clinical competence through tasks that reflect common or important clinical scenarios. You should approach each assessment in a professional manner, as you would in an equivalent real-life setting. This includes adhering to standard infection control procedures and performing tasks in positions appropriate for both the operator and the simulated patient or manikin.

The ADC practical examination is conducted over one or two days, depending on the registration division for which you have applied:

- Dental hygiene (1 day)
- Dental therapy (1 day)
- Combined dental hygiene and dental therapy (2 days)

Examination Process

During the examination day(s), you will be required to complete a series of assessment tasks. These tasks are grouped into four categories and will be listed on the examination schedule provided to you on the day of your examination.

The task categories are:

- **Standard tasks**, which are timetabled and conducted in Rooms 1–6
- **Technical tasks A**, which are timetabled and conducted in Rooms 7–8
- **Technical tasks B**, which are timetabled and conducted in Rooms 9–10
- **Simulation clinic tasks**, which may be completed in any order when you are not attending a scheduled timetabled task

You will be assessed on effective communication across the Standard tasks and your ability to maintain infection control across the Technical tasks (A and B).

Adequate time has been allocated for the completion of all tasks, with additional buffer time built into the examination day. If you experience a delay which relates to an adverse incident extending beyond 30 minutes of assessment time, you can apply to the examination convenor for a time extension. The examination already has 30 minutes of additional time built in and delays, which do not extend beyond 30-minutes will not qualify for a time extension.

Candidates are not permitted to leave the examination centre during the examination session, but they are permitted to return to the candidate lounge and take breaks at any time. However, please note that no additional time will be awarded.

A mandatory 30-minute lunch break is scheduled and candidates can access the candidate lounge area which includes a kitchen, lounge area, male and female bathrooms, and a quiet room.

While examiners and convenors may assist with coordinating candidate movement between examination areas, it is your responsibility to attend all scheduled tasks on time. Other than during voluntary or mandatory breaks, candidates will be required to leave the simulation clinic on three separate occasions to complete the Standard, Technical A, and Technical B tasks before returning to the simulation clinic.

Examination Content

The practical examination focuses on demonstration and assessment of domains as stated in the ADC professional competencies as well as other key areas of clinical practice. All candidates will be assessed on the following clusters of competency:

- Clinical information gathering
- Diagnosis and management planning
- Clinical treatment and evaluation
- Communication
- Infection control

In addition, candidates will also be assessed in the following competency areas (specifically relevant to the registration division of application):

- Periodontal instrumentation (dental hygiene)
- Preparation-based tasks (dental therapy)
- Restoration-based tasks (dental therapy)

Candidates sitting the combined dental hygiene and dental therapy examination will complete all tasks (relevant to each division of registration) across the two-day examination.

Examination tasks may involve:

- Working on a manikin and/or typodont models
- Interacting with a simulated patient
- Interacting with an examiner

A list of practical examination tasks is provided below with additional information on the clusters of assessment for each assessment task available in the Appendix section. All tasks are relevant to contemporary practice in Australia and are designed to reflect the skills required to manage common or important clinical situations.

Candidates will not be advised of the specific content of standard tasks prior to the examination, however the technical and sim clinic tasks lists have been defined. Any updates to the technical or sim clinic task lists will be advised to candidates with sufficient notice in future.

Sample dental hygiene task list

Standard tasks

10 min reading time, 1-minute transition time, 15-minute task time, 4-minute change-over

- You will be undertaking three separate consultations with three simulated patients
- You may be asked to gather information, recommend tests, form a diagnosis or generate a management plan.

Technical tasks A

14-minute combined reading and task time, 1-minute change over

- Administer local anaesthesia
- Take radiograph(s)

Technical tasks B

19-minute combined reading and task time, 1-minute change over

- Conduct a periodontal examination
- Demonstrate ultrasonic instrumentation technique

Sim clinic tasks

260 minutes total

Can be completed in any order when not at a scheduled task

- Hand scale lower anterior (3 teeth)
- Hand scale upper anterior (3 teeth)
- Hand scale lower molars (2 teeth)
- Hand scale upper premolar and molars (3 teeth)
- Place a fissure sealant
- Place a temporary restoration with glass-ionomer material

Sample dental therapy task list

Standard tasks

10 minute reading time, 1-minute transition time, 15-minute task time, 4-minute change-over

- You will be undertaking three separate consultations with three simulated patients
- You may be asked to gather information, recommend tests, form a diagnosis or generate a management plan.

Technical tasks A

14-minute combined reading and task time, 1-minute change over

- Administer local anaesthesia
- Take radiograph(s)

Technical tasks B

19-minute combined reading and task time, 1-minute change over

- Conduct a comprehensive examination
- Apply dental dam

Sim clinic tasks

260 minutes total

These tasks can be completed in any order when you are not attending a scheduled task. However, all paedodontic tasks must be completed and submitted before candidates are issued with the adult models. Once submitted, paedodontic models cannot be retrieved.

(Paedodontic models)

- Remove caries in a deciduous molar
- Prepare two deciduous molars for stainless-steel crowns
- Place one stainless-steel crown on a deciduous molar

Sim clinic tasks (Adult models)

- Remove caries in an adult molar
- Remove caries in an adult incisor
- Restore a pre-prepared tooth with composite resin
- Restore a fractured anterior tooth with composite resin

Examination conduct

Safety and quality assurance

The examination centre is an ADC-run facility, and ADC staff are present at all examinations. Each practical examination is supervised by an examination convenor, supported by a team of examiners.

The examination centre is fitted with closed-circuit television (CCTV) cameras that record both video and audio. CCTV equipment is installed in all common areas and all assessment areas, including rooms where candidates are not directly observed by examiners. CCTV footage is monitored live and recorded. It may be used to ensure the safety and wellbeing of individuals within the examination centre and to protect the integrity and validity of ADC processes. The collection, use, and storage of CCTV data are managed in accordance with the ADC Privacy Policy.

Standard and technical task rooms are equipped with an emergency call button for use in the event of an emergency.

Adverse incidents

The ADC Examination Centre has been designed to provide a low-stress environment; however, all examinations can be stressful. The ADC recommends you investigate strategies to help manage your stress during the examination, as minor changes, delays or interruptions are inevitable.

Adverse incidents include situations beyond your control which are likely to affect your performance in the examination. For example, an extended power outage.

Inability to understand a task, personal illness or minor incidents that are readily rectified, would not be considered an adverse incident.

Special consideration for tasks as a result of personal illness or minor incidents during an examination cannot be permitted.

If an event(s) occurs during an examination you believe is likely to affect your performance, it is **your responsibility** to notify an examiner immediately. The examiner, in consultation with the examination convenor, will assess the situation and will attempt to remedy any adverse incident at the time of its occurrence. You may be moved to another room to allow your examination to continue with minimal delay. If warranted, the examiner or examination convenor may complete an *Adverse incident* form.

The ADC will not be able to take into consideration any adverse incidents reported after the examination, as there is no opportunity to rectify or verify such incidents. Incidents reported by telephone or email following a practical examination will not be considered.

Assessment

Marking

All tasks are marked by trained and calibrated examiners against a defined set of assessment criteria. You may be marked by an examiner while observing your clinical performance or after the examination day. Different examiners mark different tasks and no one examiner on their own determines the aggregate score for a single assessment cluster.

Rating

Individual assessment criteria (or items) are presented to examiners in the form of a criterion-referenced assessment rubric. This rubric is used to assess candidate performance in a standardised and reliable manner. Examiners assess each task across a range of defined criteria.

The criteria have been developed to identify the key attributes of each task and to describe the level of performance expected of a competent candidate. For each checklist criterion, candidates may receive one of four possible grades: **Very Good**, **Satisfactory**, **Borderline**, or **Unsatisfactory**. These grades correspond to numerical scores of **3**, **2**, **1**, and **0** respectively.

While the specific grade descriptions may vary by task, the broad meaning of each grade is outlined below.

VERY GOOD	identifies a competent performance which is thorough, complete and well executed.
SATISFACTORY	identifies minor deviations from a very good performance which: • does not require correction • would not compromise the clinical outcome and/or • might reasonably occur on occasions when a task is undertaken by a competent operator.
BORDERLINE	identifies additional, more major deviations from a very good performance which: • could have been easily adjusted/corrected during the task • may compromise the clinical outcome to a minor extent and/or • should not often occur when a task is undertaken by a competent operator.
UNSATISFACTORY	identifies additional, major deviations from a very good performance which: • cannot be adjusted/corrected and/or • would significantly compromise the clinical outcome and/or • should not occur when a task is undertaken by a competent operator.

Final result grade derivation

Your final result for the practical examination is calculated using a partial compensatory test scoring model. A test scoring model refers to the way task scores are combined to arrive at an overall result for the examination as a whole.

To obtain an overall "pass" in the practical examination candidates must pass all clusters being assessed relevant to the registration division of application.

Dental hygiene

Dental therapy

Combined dental hygiene/ dental therapy

Getting your results

Practical examination results are generally posted on ADC Connect. Posting of results usually occurs within four to six weeks of the examination. Results will not be released by telephone, fax or email.

Repeat examinations

If you do not pass the practical examination you may apply to sit another practical examination, provided you have a valid initial and written examination.

No credits or exemptions will be given for previous attempts at the practical examination.

Review and appeal

Candidates can apply for a review of the administrative procedures of the practical examination, or an appeal against the administrative procedures of the practical examination.

Candidates should read the *Assessments and Examinations Review and Appeal Policy* for further information regarding the review and appeal processes for the practical examination.

The ADC will only take into consideration concerns relating to the administrative procedures of the practical examination formally submitted according to the *Assessments and Examinations Review and Appeal Policy*. Reports or accounts provided by telephone or email following a practical examination will not be considered and candidates will be re-directed to these policies.

How to apply for registration with the Dental Board of Australia

If you successfully complete the ADC practical examination, you will be awarded an *ADC Certificate* which is available for you to download from ADC Connect.

You are then eligible to apply to the Dental Board of Australia (DBA) for registration. You should review the DBA's requirements for registration carefully.

The ADC provides the DBA with a list of successful candidates following each examination.

Appendix

Dental hygiene room and cluster matrix

Room	Task	Clusters of assessment	Timing
Room 1&2	Standard Task 1	**Clinical information gathering** **Communication**	10-minute reading 1-minute transition 15-minute task 4-minute change over
Room 3&4	Standard Task 2	**Diagnosis and management planning** **Communication**	10-minute reading 1-minute transition 15-minute task 4-minute change over
Room 5&6	Standard Task 3	**Diagnosis and management planning** **Communication**	10-minute reading 1-minute transition 15-minute task 4-minute change over
Room 7	Administer local anaesthesia	**Clinical treatment and evaluation** **Infection control**	14-minute combined reading and task 1-minute change over
Room 8	Take radiograph(s)	**Clinical information gathering** **Infection control**	14-minute combined reading and task 1-minute change over
Room 9	Conduct a periodontal examination	**Clinical information gathering** **Infection control**	19-minute combined reading and task 1-minute change over
Room 10	Demonstrate ultrasonic instrumentation technique	**Clinical treatment and evaluation** **Infection control**	19-minute combined reading and task 1-minute change over
Sim Clinic	Place a fissure sealant Place a temporary restoration	**Clinical treatment and evaluation**	260 minutes Total over examination day
Sim Clinic	Hand scale lower anterior Hand scale upper anterior Hand scale lower molars Hand scale upper premolar and molars	**Periodontal instrumentation**	

Dental therapy room and cluster matrix

Room	Task	Clusters of assessment	Timing
Room 1&2	Standard Task 1	**Clinical information gathering** **Communication**	10-minute reading 1-minute transition 15-minute task 4-minute change over
Room 3&4	Standard Task 2	**Diagnosis and management planning** **Communication**	10-minute reading 1-minute transition 15-minute task 4-minute change over
Room 5&6	Standard Task 3	**Diagnosis and management planning** **Communication**	10-minute reading 1-minute transition 15-minute task 4-minute change over
Room 7	Administer local anaesthesia	**Clinical treatment and evaluation** **Infection control**	14-minute combined reading and task 1-minute change over
Room 8	Take radiograph(s)	**Clinical information gathering** **Infection control**	14-minute combined reading and task 1-minute change over
Room 9	Conduct a comprehensive examination	**Clinical information gathering** **Infection control**	19-minute combined reading and task 1-minute change over
Room 10	Apply dental dam	**Clinical treatment and evaluation** **Infection control**	19-minute combined reading and task 1-minute change over
Sim Clinic	Remove caries in a deciduous molar Prepare two deciduous molars for stainless-steel crowns Remove caries in an adult molar Remove caries in an adult incisor	**Preparation-based tasks**	260 minutes Total over examination day
Sim Clinic	Place one stainless-steel crown on a deciduous molar Restore a pre-prepared tooth with composite resin Restore a fractured tooth with composite resin	**Restoration-based tasks**	

Assessment Rubrics

Dental Hygiene Rubrics (Sim Clinic Tasks)

- Hand scale lower anterior
- Hand scale upper anterior
- Hand scale lower molars
- Hand scale upper premolar and molars
- Place a fissure sealant
- Place a temporary restoration with glass-ionomer material

Dental Therapy Rubrics (Sim Clinic Tasks)

- Remove caries in a deciduous molar
- Prepare two deciduous molars for stainless-steel crowns
- Place one stainless-steel crown on a deciduous molar
- Remove caries in an adult molar
- Remove caries in an adult incisor
- Restore a pre-prepared tooth with composite resin
- Restore a fractured anterior tooth with composite resin

Other Assessment Rubrics

- Communication (Standard Tasks)
- Infection control (Technical Tasks)

Dental Hygiene Rubrics

Hand scale lower anterior (3 teeth: 18 sites)

Action/criterion	Very good (3 marks)	Satisfactory (2 marks)	Borderline (1 mark)	Unsatisfactory (0 marks)
Calculus	No calculus remaining	Calculus detected at 1-2 sites	Calculus detected at 3-4 sites	Calculus detected on more than 4 sites
Periodontal tissues	No trauma or laceration to soft tissues	Mild trauma found at 1-2 sites	Mild trauma at more than 2 sites OR Moderate trauma at 1-2 sites	Moderate trauma at more than 2 sites OR Major trauma at 1 or more individual site(s) (e.g. destruction of papilla)
Damage to tooth root/surface	No surface roughness or gouging	Mild surface roughness or unevenness found at 1-2 sites	Mild surface roughness or unevenness at more than 2 sites OR Moderate surface roughness or unevenness at 1-2 sites	Moderate surface roughness or unevenness at more than 2 sites OR Major damage/gouging at 1 or more individual site(s)

Hand scale upper anterior (3 teeth: 18 sites)

Action/criterion	Very good (3 marks)	Satisfactory (2 marks)	Borderline (1 mark)	Unsatisfactory (0 marks)
Calculus	No calculus remaining	Calculus detected at 1-2 sites	Calculus detected at 3-4 sites	Calculus detected on more than 4 sites
Periodontal tissues	No trauma or laceration to soft tissues	Mild trauma found at 1-2 sites	Mild trauma at more than 2 sites OR Moderate trauma at 1-2 sites	Moderate trauma at more than 2 sites OR Major trauma at 1 or more individual site(s) (e.g. destruction of papilla)
Damage to tooth root/surface	No surface roughness or gouging	Mild surface roughness or unevenness found at 1-2 sites	Mild surface roughness or unevenness at more than 2 sites OR Moderate surface roughness or unevenness at 1-2 sites	Moderate surface roughness or unevenness at more than 2 sites OR Major damage/gouging at 1 or more individual site(s)

Hand scale lower molars (2 teeth: 12 sites)

Action/criterion	Very good (3 marks)	Satisfactory (2 marks)	Borderline (1 mark)	Unsatisfactory (0 marks)
Calculus	No calculus remaining	Calculus detected at 1 site	Calculus detected at 2 sites	Calculus detected on more than 3 sites
Periodontal tissues	No trauma or laceration to soft tissues	Mild trauma found at 1 site	Mild trauma at more than 1 site OR Moderate trauma at 1 site	Moderate trauma at more than 1 sites OR Major trauma at 1 or more individual site(s) (e.g. destruction of papilla)
Damage to tooth root/surface	No surface roughness or gouging	Mild surface roughness or unevenness found at 1 site	Mild surface roughness or unevenness at more than 1 site OR Moderate surface roughness or unevenness at 1 site	Moderate surface roughness or unevenness at more than 1 site OR Major damage/gouging at 1 or more individual site(s)

Hand scale upper premolar and molars (3 teeth: 18 sites)

Action/criterion	Very good (3 marks)	Satisfactory (2 marks)	Borderline (1 mark)	Unsatisfactory (0 marks)
Calculus	No calculus remaining	Calculus detected at 1-2 sites	Calculus detected at 3-4 sites	Calculus detected on more than 4 sites
Periodontal tissues	No trauma or laceration to soft tissues	Mild trauma found at 1-2 sites	Mild trauma at more than 2 sites OR Moderate trauma at 1-2 sites	Moderate trauma at more than 2 sites OR Major trauma at 1 or more individual site(s) (e.g. destruction of papilla)
Damage to tooth root/surface	No surface roughness or gouging	Mild surface roughness or unevenness found at 1-2 sites	Mild surface roughness or unevenness at more than 2 sites OR Moderate surface roughness or unevenness at 1-2 sites	Moderate surface roughness or unevenness at more than 2 sites OR Major damage/gouging at 1 or more individual site(s)

Place a fissure sealant

Action/criterion	Very good (3 marks)	Satisfactory (2 marks)	Borderline (1 mark)	Unsatisfactory (0 marks)
Coverage and placement	Complete coverage of all pits and fissures Well confined Does not affect occlusion	Adequate coverage Minor excess or deficiency without affecting occlusion	Slightly incomplete coverage or minor excess affecting occlusion that can be easily adjusted	Exposed fissures or gross excess affecting occlusion
Sealant quality	Smooth, uniform surface No voids, bubbles, or contamination	Minor imperfections, not affecting integrity	Voids, bubbles, or contamination requiring correction	Significant defects requiring replacement
Marginal adaptation	Fully adapted to enamel margins with a smooth transition Margins not detectable with an explorer	Minor marginal discrepancies present Sealant remains intact with no gaps or overhangs	Uneven margins with small gaps or voids that do not affect retention	Defective margins with obvious gaps, overhangs, or poor adaptation compromising retention

Place a temporary restoration with glass-ionomer material

Action/criterion	Very good (3 marks)	Satisfactory (2 marks)	Borderline (1 mark)	Unsatisfactory (0 marks)
Material selection	Ideal material selected	n/a	n/a	Ideal material not selected
Cavity coverage and retention	Cavity completely filled All margins fully covered Restoration intact, stable, and free of defects	Cavity adequately filled Margins covered Restoration retained and intact Minor, insignificant	Visible voids, thinning, or defects present Coverage incomplete in minor areas Restoration retained but longevity questionable	Incomplete cavity fill Margins exposed Restoration fractured, loose, or unstable
Marginal adaptation and contour	Smooth, continuous margins unable to be felt by patient No gaps or overhangs Ideal occlusal, mesial, and lingual contour	Minor marginal discrepancies or contour errors Unlikely to be felt by the patient Does not require correction	Minor marginal discrepancies or contour errors Edges may be felt by the patient May be plaque retentive or hard for patient to clean Requires adjustment/ correction	Open margins, gross overhangs or gross contour deficiencies likely to be felt by the patient Durability concerns Requires replacement
Occlusal suitability	Ideal occlusal height No evidence of interference	Occlusion acceptable. Minor discrepancies unlikely to affect function	Minor discrepancies likely to affect function that are easily adjustable.	Poorly formed or significant functional interference or infraocclusion, requiring replacement or significant adjustment
Adjacent structures & excess	No damage to soft or hard tissues No excess material on adjacent teeth or gingiva	No damage to soft or hard tissues Minor excess material on adjacent teeth or gingiva	Minor damage to soft tissues And/or Moderate excess material on adjacent teeth or gingiva (may require hand piece and burs to remove)	Significant damage to soft tissues or any damage to hard tissues And/or Significant excess material on adjacent teeth or gingiva

Communication

Action/criterion	Very good (3 marks)	Satisfactory (2 marks)	Borderline (1 mark)	Unsatisfactory (0 marks)
Demeanour • Presents in an approachable, respectful and professional manner • Demonstrates empathy • Non-verbal communication is appropriate (candidate's facial expression, eye-contact, posture and position) • Uses relevant pauses and avoids interruption	Comprehensive, complete and/or appropriate	Most options identified and appropriate, but not comprehensive	Limited options and/or many omissions	Essentially absent, incorrect or inappropriate actions or information
Use of language • Speech and explanations are clear • Language is easily understood • Minimal use of jargon • Adapts language to match patient's level of understanding				
Engagement with Patient • Actively listens throughout consultation • Understands and responds to the patient's needs, expectations, and individuality • Asks relevant and open-ended questions • Comprehends patient's conversation or clarifies if required				
Organisation of information • Ordered, logical flow of consultation • Provides information in manageable segments • Shares information through effective two-way communication • Summarises and confirms patient's understanding				
Joint decision making • Encourages patient to participate in decision making or seeks to encourage external support for decision making • Checks for and addresses all of the patient's concerns • Presents realistic options • Seeks agreement				

Infection control

Action/criterion	Very good (3 marks)	Satisfactory (2 marks)	Borderline (1 mark)	Unsatisfactory (0 marks)
Appropriate clinical presentation and attire • Appropriate clinical attire including enclosed footwear • Hair and/or beard controlled • No jewellery, clothing or items that would hinder hand hygiene below the elbow • Nails short and natural without coating	Correct clinical presentation and attire	Minor contravention quickly identified and adjusted	Minor contravention not identified or adjusted	Significant contravention(s) OR Inappropriate clinical presentation or attire
Personal Protective Equipment worn and removed in the correct sequence • Gown worn correctly • Mask covers nose and mouth and is adapted correctly to face • Eyewear (protects the orbits fully and has side protection) • Gloves appropriately sized, well adapted and intact	All personal protective equipment applied and removed correctly	Minor contravention quickly identified and adjusted	Personal protective equipment applied or removed with minor issue not identified or adjusted	Significant issue with any item of personal protective equipment OR PPE applied/removed in incorrect sequence OR PPE not removed during examination time
Hand hygiene technique **Handwashing** **Total time: 40-60 seconds** • Wet hands with running water • Soap hands and lather up • Rub all hand surfaces systematically (for at least 15 seconds) Rinse hands under running water • Dry hands using paper towel • Do not use clean hands to turn tap off **Alcohol Based Hand Rub (ABHR)** • Total time: 20-30 seconds • Apply sufficient product (1-2 pumps) to visibly clean and dry hands • Distribute ABHR across both hands to cover all surfaces • Rub ABHR into hands systematically until dry	Comprehensive and correct hand hygiene technique	Minor fault in hand hygiene time/techniques identified and adjusted	Minor fault in hand hygiene time/techniques not corrected	Significant fault in hand hygiene time/techniques

Adheres to the five moments of hand hygiene • Before touching a patient • Before a procedure • After a procedure or body fluid exposure risk • After touching a patient • After touching a patient's surroundings	No contraventions to 5 moments of hand hygiene	Minor contravention quickly identified and adjusted	Minor contravention not identified or adjusted	Significant contravention(s) OR Does not complete hand hygiene before applying gloves or after removing gloves at end of simulation
Managing zones of contamination • Management of clean and contaminated zones • Clean zones touched with decontaminated hands or clean gloves • Contaminated zones only touched with gloved hands	Appropriate management of clean and contaminated zones	Minor contravention quickly identified and adjusted	Minor contravention not identified or adjusted	Significant contravention(s) OR Inappropriate management of clean or contaminated zones

Dental Therapy Rubrics

To be advised