AUSTRALIAN
DENTAL COUNCIL

Practical examination handbook for dentists

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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1. Introduction

The Australian Dental Council (ADC) has been assigned accreditation functions by the Dental Board of Australia (DBA) in accordance with the provisions of the *Health Practitioner Regulation National Law Act 2009*.

One of the ADC's key functions is the assessment of the knowledge, judgement, clinical skills and professional competency of overseas qualified dentists seeking registration with the DBA whose qualifications are not otherwise approved for registration.

The ADC is also the national assessment authority appointed by the Department of Home Affairs to assess the professional skills of overseas trained dentists and dental specialists for migration purposes.

The assessment and examination procedure consists of:

1. an initial assessment of professional qualifications in dentistry
2. a written examination
3. a practical examination.

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

The ADC practical examination is aligned to current local and international best practice and is delivered at the dedicated ADC examination centre in Melbourne, Australia.

2. Handbook objectives

This handbook is a guide for the practical examination process. This handbook is an addition to the *Practical examination information package* which provides detailed information about the examination centre location, facilities, equipment and materials.

3. Applying for the practical examination

3.1. Eligibility

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

A pass in a written examination is valid for five years from the date of notification of the examination result.

3.2. Application process

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

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The ADC provides detailed information on the correct way to complete the application. Our ADC Connect resources page contains videos which walk you through how to upload your identification documents and apply for the practical examination. Further information is also provided through our Help Centre.

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

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

We do not accept:

- hard copy application forms
- incomplete or incorrect applications
- applications with no payment
- applications received outside the designated application period
- applications from candidates ineligible to sit a practical examination.

If you have a confirmed booking, you will receive an email detailing your examination schedule approximately **two weeks** prior to your practical examination date.

3.3. Your contact details

It is your responsibility to update your ADC Connect account if there are any changes to your contact information such as changes to your name, email address, postal address, telephone number, etc.

Timetables and urgent information will be communicated to you via email or ADC Connect. It is your responsibility to ensure the contact details you have provided are current and correct.

As email is a primary form of correspondence, we recommend you regularly check any email services you use, to ensure you receive the most up-to-date information regarding your examination. If you use free webmail services, such as Gmail, Yahoo, or Hotmail, you should ensure you properly maintain your mailboxes and check your junk mail to ensure that you do not miss important information from the ADC.

The ADC does not accept responsibility for the non-receipt of correctly addressed emails, correspondence or other communications.

3.4. Examination accommodations

Accommodations in examinations refer to changes in how an examination is administered, without compromising the integrity of the examination. Accommodations aim to remove the impact of a disability, or other medical condition, so that all candidates can fully demonstrate their skills, whilst not being given any advantage.

If you wish to request any accommodations, such as taking medications into the examination room, you should submit your request via ADC Connect prior to your practical examination. The ADC may deny requests for special consideration.

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

4. Withdrawing from a practical examination

4.1 Withdrawal process

If you wish to withdraw from a practical examination, you must submit a withdrawal request directly via ADC Connect. A withdrawal is considered confirmed only upon submission of all required documentation. The ADC will respond to you in writing. Please visit the ADC website for more details of the withdrawal process. Examinations cannot be rescheduled. For example, your application and examination fees cannot be transferred to alternate examination times if you are unable to attend your allocated practical examination date. 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.

4.2 Refunds

You will forfeit some or all your practical examination fees if you withdraw from a practical examination.

- If you withdraw from a practical examination **up to six weeks before** your allocated examination date you will be eligible to receive a 50% refund of the examination fee.
- If you withdraw **within six weeks** of your allocated examination date you forfeit your examination fees and are not entitled to a refund.

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.

5. What to expect during your practical examination

Prior to sitting the practical examination, you must ensure you are familiar with:

- Practical examination information package, available on the ADC website and provides important, detailed information about the conduct of the practical examination, and

- ADC Assessment Process - An overview of the ADC assessment and examinations process for overseas qualified dental professionals, which provides detailed information about the format, content and marking of the practical examination.

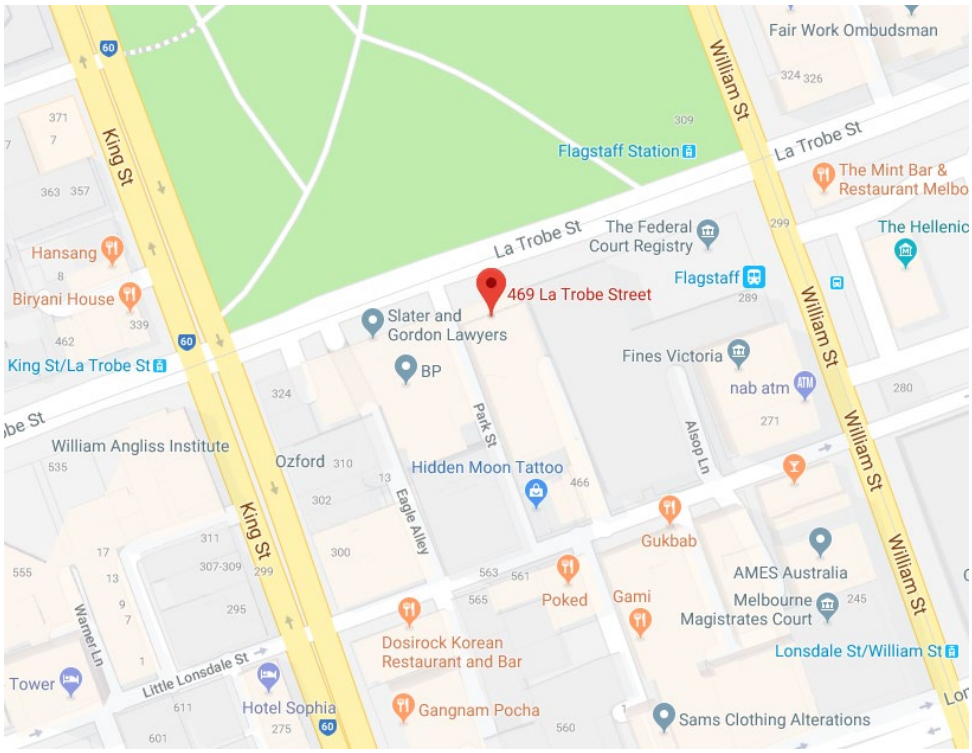
Both documents should be read in conjunction with this handbook.

5.1 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



469 La Trobe Street location

The *Practical examination information package* provides detailed information about venue location, local travel and local accommodation.

Practical examinations are held over two consecutive days and consist of:

- a technical skills day
- a clinical skills day.

You will need to sit both days and need to be prepared to complete either day first.

5.2 Examination day procedures

Examination registration

At the start of each examination day, you are required to report to the ADC Examination Centre reception area on Level 6 for registration.

You must arrive within the scheduled registration time. When directed, you must present current, government-issued photographic identification, such as a valid passport or Australian driver's licence, 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 standards, or arrive after during the scheduled registration time, you may not be permitted into the examination.

On your first day of registration you will also be required to confirm you have read and understood the Candidate Rules Agreement form, which is provided to you with your examination schedule ahead of your examination session.

Once registered, an ADC staff member will issue you with an identification badge. Once admitted into the examination centre you must wear your identification badge at all times. The identification badge must be returned before leaving the examination centre. You must re-register (including presenting the same current, government-issued photographic identification as on day one) at the beginning of the second day of the examination.

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 with seating areas, refreshments and bathrooms.

Orientation

Prior to starting each examination day, you will receive a short presentation outlining what to expect for that day's examinations. You will have an opportunity to ask questions at the end of the presentation.

Equipment, instruments and supplies

The ADC will supply all the materials and equipment required for the practical examination. To assist you with your preparations, details of the materials and equipment available to you at the examination centre are available in the *Practical examination information package*.

Gloves and gowns will be available for your use, however, due to varying individual requirements, you must provide your own protective eyewear. You may also bring and use clinically suitable magnification aids.

You are not permitted to bring any other equipment (including burs), materials, personal effects, or electronic devices, including but not limited to, smart watches or smart glasses, into the examination. Any exemptions to this must be approved in writing by the ADC prior to the examination.

For the technical skills day you should bring your own lunch (in clear packaging), which can be kept 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*. You are not permitted to take food or drinks into the examination rooms.

Candidate conduct

You should attend the examinations appropriately and professionally attired. Shoes should be closed-toed and suitable for a dental clinic. Long hair and beards should be appropriately controlled.

You are responsible for your own belongings, and a secure locker will be provided. The ADC will not be held responsible for any personal items.

You should review the Candidate Rules Agreement and *Candidate misconduct policy* prior to your examination. This is essential reading prior to your examination. At examination registration you will be required to sign that you agree to abide by the terms outlined in these documents.

6. Practical examination content

The ADC's assessment process for overseas trained dental practitioners aims to protect the public by ensuring only dental practitioners who are suitably trained and qualified to practice in a competent and ethical manner are deemed eligible to apply for the DBA process for registration.

You demonstrate your professional ability to perform safely in the role of a dental practitioner in Australia only after the successful completion of the initial assessment of qualifications and professional standing, and the written and practical examinations.

The content of 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 focusses on the competencies listed in Domain 6 (Patient Care) of the competency statement and its components: clinical information gathering (6.1), diagnosis and management planning (6.2), and clinical treatment and evaluation. The examination is "mapped" against the competencies to create a blueprint which provides the underlying structure for the practical examination.

<table>
<tr><th>Domains</th><th>Method of assessment</th><th>No of tasks</th><th>Examination day</th></tr>
<tr><td>Clinical information gathering</td><td rowspan="4">OSCE</td><td>2</td><td rowspan="4">Clinical skills day</td></tr>
<tr><td>Diagnosis and management planning</td><td>2</td></tr>
<tr><td rowspan="2">Clinical treatment and evaluation</td><td>2</td></tr>
<tr><td>4</td></tr>
<tr><td></td><td>Technical Task</td><td>6</td><td>Technical skills day</td></tr>
</table>

Practical examination blueprint

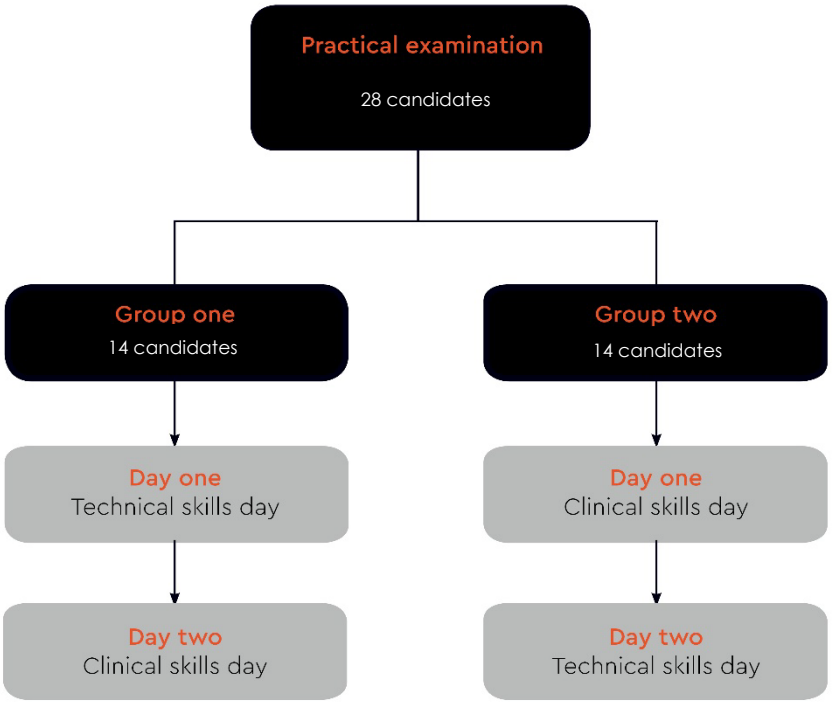
7. Practical examination format

The practical examination has two main components:

- a technical skills day
- a clinical skills day.

Both components are designed, using simulated clinical settings, to allow you the opportunity to demonstrate skills relevant to everyday clinical practice. The technical skills day focusses on the demonstration of procedural restorative skills on typodont models in a manikin. The clinical skills day assesses a broader range of clinical skills using a station-based objective structured clinical examination (OSCE) format.

Each two-day examination will assess a maximum of twenty-eight candidates.



Day allocations to candidates sitting each Practical Examination

The practical examination is designed to assess clinical competence and uses simulation to achieve this. Tasks reflect potential clinical scenarios and you should approach each assessment in a professional manner, as you would an equivalent real-life scenario. This includes following standard infection control procedures and undertaking any manikin-based tasks in positions appropriate for both the operator and the patient.

Examiners will record, and ask you to correct, any inappropriate use of manikins, 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.

7.1 Technical skills day

Content

The technical skills day focuses on the demonstration of technical skills described under domain 6.3, *Patient Care – Clinical Treatment and Evaluation* of the competencies. This covers the provision of evidence-based patient-centred care and may include tooth preparation and /or restoration related to:

- conservation
- endodontics
- fixed prosthodontics.

Process

During the technical skills day, you are required to complete six tasks on pre-prepared, standardised typodont models in manikin heads. The manikin heads are mounted on clinically realistic simulation units.

You will be provided with a task list at the beginning of the technical skills day. This list will outline all the procedures required to be undertaken for that day, including tooth numbers, tooth surfaces and a designated practice tooth.

All technical tasks must be completed on the technical skills day. Adequate time is available during the session to allow for all tasks to be completed.

You may take breaks in the candidate lounge at any time during the technical skills day. There will be a mandatory lunch break when the clinic will be closed to candidates.

Example tasks

As a guide, a technical day examination may consist of tasks requiring:

- the preparation of a carious tooth/teeth
- the restoration of a prepared tooth/teeth with resin composite
- the preparation and/or temporisation of a tooth/teeth to receive an indirect restoration(s)
- an endodontic procedure.

These tasks are examples only and candidates should expect variations to this list. All tasks will be relevant to contemporary practice in Australia and are designed to reflect the skills needed to manage common or important clinical situations.

Technical task marking rubrics are available in Appendix A.

7.2 Clinical skills day

Content

The clinical skills day focuses on the demonstration and assessment of the professional competencies described under domains 6.1, 6.2 and 6.3 of the competencies:

- clinical information gathering
- diagnosis and management planning
- clinical treatment and evaluation.

Demonstration of certain global skills outlined in the competencies may be assessed across multiple tasks, namely:

- communication
- critical thinking
- professionalism and ethics (including cultural competence)
- scientific and clinical knowledge
- infection control.

Process

During the clinical skills day you are required to complete a ten-station OSCE. This is a station-based examination, where you are allocated a defined amount of time at each station. Each station is set up in a designated room with a different task relating to a clinical scenario or clinical skill demonstration. Tasks may include the use of standardised simulated patients, video-based scenarios, procedures on manikins and/or other related resources.

Your clinical skills day examination is a half-day examination and you will be scheduled to either a morning or afternoon session.

Some stations may have an assessor present in the room to directly observe the whole task, or you may be required to undertake a task without an assessor present and this task will be marked after the examination.

Upon entry, you will be provided with the detailed instructions and information for that station. You will have a designated period of reading time upon entering a station. You will be notified when the examination period starts and finishes.

The Convenor will coordinate the movement of candidates between stations and you will be directed when to move stations and which station to move to next.

Example tasks

As a guide, a clinical skills day examination may consist of tasks such as:

- taking a history from a simulated patient
- explaining a diagnosis and management plan to a simulated patient
- establishing a risk profile for a simulated patient
- communicating a health promotion strategy to a simulated patient
- managing a medical emergency in a simulated environment

- taking intra-oral radiographs for a given clinical situation
- designing a partial denture for a given clinical situation
- placing rubber dam for a given clinical situation.

These tasks are examples only and candidates should expect variations to this list. All tasks will be relevant to contemporary practice in Australia and are designed to reflect the skills needed to manage common or important clinical situations.

An example OSCE clinical scenario and associated marking rubric is provided in Appendix B.

8. Examination conduct

8.1 Safety and quality assurance

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

The examination centre is fitted with closed-circuit television (CCTV) cameras collecting both video and audio recordings. CCTV equipment is present in all common areas and all assessment areas of the centre, including rooms where you are not observed by examiners. CCTV footage is monitored live and recorded. It may be used to ensure the safety and well-being of people within the examination centre, and to preserve the integrity and validity of ADC processes. The use and storage of any data collected is detailed in the ADC's Privacy Policy.

All of the consulting rooms within the OSCE area are equipped with a call button in the event of an emergency.

8.2 Breaks

You are not permitted to leave the examination centre during the technical skills day or clinical skills day session.

Breaks can be taken as desired throughout the technical skills day. The examination has been designed to provide sufficient time for you to take breaks throughout the day and you are encouraged to take regular breaks. The technical skills day includes a mandated 45 minute lunch break.

Each clinical skills day session will include scheduled breaks.

All breaks are taken in the candidate lounge area which includes a kitchen, lounge area, male and female bathrooms, and a quiet room.

8.3 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 over a two-day examination are inevitable.

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

Inability to understand a task, personal illness or minor incidents are readily rectified, such as a loose tooth which is tightened, would not be considered an adverse incident.

Special consideration for tasks as a result of personal illness during an examination cannot be permitted, including illness on day two of the examination after completing day one.

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 or chair 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.

8.4 Time extensions

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 has 30 minutes of additional time built in and delays, which do not extend beyond 30 minutes will not qualify for a time extension.

9. Assessment

9.1 Assessment process

All tasks are marked by trained and calibrated examiners against a defined set of assessment criteria. Observed clinical skills day tasks are marked by an examiner at the time of the task. Unobserved clinical skills day tasks and technical skills day tasks are marked by two independent examiners after the examination.

Detailed information about the format, content and marking of the practical examination is provided in *ADC Assessment Process - An overview of the ADC assessment and examinations process for overseas-qualified dental professionals*.

9.2 Rating

Individual performance in each clinical skills day OSCE station task and technical skills day task is assessed using both global rating scales and checklists.

A global rating scale gives a rating of your overall performance in a task. You can receive one of five global rating grades for their overall task performance: outstanding, pass, borderline, fail or bad fail.

Examiners will also assess performance in a task using a checklist. Individual assessment criteria (or items) are presented to the examiner in the form of a checklist and are used by examiners to assess performance in a standardised and reliable manner. Examiners will rate across a range of criteria for each task. The criteria have been developed to identify the attributes of the task which will be assessed and to define what a competent candidate should be able to achieve. You can receive one of four possible grades for each checklist criterion: very good, satisfactory, borderline or unsatisfactory. Each grade relates to a numerical score of 3, 2, 1 or 0 respectively.

The grade description for each criterion may vary by task however, in broad terms, the grade descriptors are 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

- could be easily corrected and/or
- would not significantly 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

- should, where possible, have been corrected during the task
- would 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 corrected and/or
- would significantly compromise the clinical outcome and/or
- should not occur when a task is undertaken by a competent operator.

9.3 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 station/task scores are combined to arrive at an overall result for the examination as a whole. A partial compensatory scoring model will be used to calculate the final pass/fail decision for each individual examination day.

To obtain an overall "pass" in the practical examination candidates must pass both days of the examination at a single attempt. The clinical skills day and technical skills day are assessing fundamentally different competencies and a strong performance on one examination day cannot compensate for a substandard performance on the other examination day.

10. Getting your results

Practical examination results are posted on the ADC Connect. Posting of results usually occurs within six weeks of the examination but may take longer. You should check the ADC website regularly for updates on the posting of results. Results will not be released by telephone, fax or email.

10.1 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.

10.2 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 Appeals 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 Appeals 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.

10.3 How to apply for registration to practice as a dentist

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

You are then eligible to apply to the 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 A

Technical task marking rubrics

Approximal resin composite preparation

Observation	Very good	Satisfactory	Borderline	Unsatisfactory
Damage to adjacent or assessment tooth beyond preparation	No damage to adjacent tooth or assessment tooth	Minor damage to adjacent tooth and/or assessment tooth not requiring further adjustment	Moderate, correctable damage to adjacent tooth and/or assessment tooth	Major damage to adjacent tooth and/or assessment tooth requiring restoration
Damage to gingiva	No damage to gingiva	Minor scratches on adjacent gingivae	Minor cuts or other damage on adjacent gingivae	Major damage to adjacent gingiva
Debris	No debris present	Superficial debris remaining on hard or soft tissues	Small amount of debris left on hard or soft tissues	Excessive debris left on hard or soft tissues
Tooth selection	Correct tooth prepared	n/a	n/a	Incorrect tooth prepared
Occlusal outline	Optimal occlusal outline based on extent and location of caries	Minor over-preparation of sound tooth structure (<0.5mm)	Cavity over-extended by between 0.5 and 1.5 mm in total	Cavity over-extended by more than 1.5mm in total
Bucco-lingual box width	Optimal bucco-lingual box width based on extent and location of caries	Minor over-preparation of sound tooth structure (<0.5mm)	Cavity over-extended by between 0.5 and 1.5 mm in total	Cavity over-extended by more than 1.5mm in total
Axial depth	Optimal axial depth based on extent and location of caries	Minor over-preparation of sound tooth structure (<0.5mm)	Cavity over-extended by between 0.5 and 1.5 mm	Cavity over-extended by more than 1.5mm

Occlusal depth	Optimal occlusal depth based on extent and location of caries	Minor over-preparation of sound tooth structure (<0.5mm)	Cavity over-extended by between 0.5 and 1.5 mm	Cavity over-extended by more than 1.5mm *(cont.)*
Line angles	All internal line angles rounded	Some internal line angles not well-rounded	Some sharp internal line angles	Internal line angles generally sharp
Gingival floor	Gingival floor clears contact	Contact remains along <0.5 mm of margin	Contact remains along 0.5 – 1mm of margin	Gingival floor does not clear contact
Caries	Caries-free	Caries remaining on pulpal aspect only	Caries at dentino-enamel junction <0.5mm in length in total	Extensive caries remaining
Cavity	Cavity included in preparation	n/a	n/a	Cavity not included in preparation
Cavo-surface margin finish	Smooth cavo-surface margin	Minor roughness of cavo-surface margin	Moderate roughness of cavo-surface margin	Gross roughness of cavo-surface margin
Cavo-surface margin design	No bevel	Minor bevel of part of one margin	Margins bevelled (gingival, and/or axial, and/or occlusal)	Margins heavily bevelled (gingival, and/or axial, and/or occlusal)
Unsupported enamel	Full thickness unsupported enamel or no unsupported enamel	Minor presence of fragile, unsupported enamel	Moderate presence of fragile, unsupported enamel	Significant presence of fragile, unsupported enamel

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Metal ceramic crown preparation

Observation	Very good	Satisfactory	Borderline	Unsatisfactory
Margin position	Margin is 0.5mm supra-gingival	Margin is equigingival or <1.0mm supra-gingival	Margin is 1.0-2.0mm supra- or <1.0mm sub-gingival	Margin is >2.0mm supra- or >1.0mm subgingival
Margin width	Margin is 1.2mm wide on the buccal margin and 0.5mm wide on the lingual margin	Margin is 1.2-1.5mm wide on the buccal margin and 0.5-1.0mm on the lingual margin	Margin is 1.5-2.00mm wide on the buccal margin and/or 1.0-1.5mm on the lingual margin	Margin is >2.0mm wide on the buccal margin and/or >1.5mm on the lingual margin
Margin form	Margin is smooth, continuous, identifiable	Margins are indistinct and/or rough in one area	Generally indistinct and/or rough margins	Grossly indistinct or rough margin or margin not appropriate to crown material
Damage to adjacent or assessment tooth beyond preparation	No damage to adjacent tooth or assessment tooth	Minor damage to adjacent tooth and/or assessment tooth not requiring further adjustment	Moderate, correctable damage to adjacent tooth and/or assessment tooth	Major damage to adjacent tooth and/or assessment tooth requiring restoration
Damage to gingiva	No damage to gingiva	Minor scratches on adjacent gingivae	Minor cuts or other damage on adjacent gingivae	Major damage to adjacent gingiva
Debris	No debris present	Superficial debris remaining on hard or soft tissues	Small amount of debris left on hard or soft tissues	Excessive debris left on hard or soft tissues
Tooth selection	Correct tooth prepared	n/a	n/a	Incorrect tooth prepared

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Path of insertion	Optimal path of insertion for final restoration	Path of insertion is not optimal, can be managed by lab, but requires no modification of adjacent teeth	Path of insertion for final crown would require minor modification of an adjacent tooth	Path of insertion for final crown would require major modification of adjacent tooth/teeth
Undercuts	No undercuts	Minor undercuts on one surface of the preparation that can be managed by the laboratory	Minor undercuts on multiple surfaces of the preparation that can be managed by the laboratory	Undercuts present that cannot be managed by the laboratory
Overall preparation taper	Preparation taper of 120	Preparation taper between 60 - 200	Preparation taper between 200 - 300 or <60	Preparation over - tapered >300
Reduction - anatomy	Uniform reduction reflects anatomy	General maintenance of occlusal anatomy	Moderate loss of occlusal anatomy	Complete loss of occlusal anatomy
Occlusal reduction allowing full occlusal ceramic coverage	Occlusal/incisal reduction of 2.0mm	Occlusal/incisal reduction of 2.0-3.0mm	Occlusal/incisal reduction of 3.0-3.5mm or inadequate reduction of tooth structure compromising final crown	Occlusal/incisal reduction of >3.5mm or inadequate reduction of tooth structure preventing final crown production

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Lingual reduction	Lingual reduction of 0.5-1.0mm	Lingual reduction of 1.0-1.5mm	Lingual reduction of 1.5-2.0mm or inadequate reduction of tooth structure compromising final crown	Lingual reduction of >2.0mm or inadequate reduction of tooth structure compromising final crown
Buccal reduction	Buccal, mesial, distal reduction of 1.2mm	Buccal mesial, distal reduction of 1.5 -1.8mm	Buccal reduction mesial, distal of 1.8- 2.5mm or inadequate reduction of tooth structure compromising final crown	Buccal reduction mesial, distal of >2.5mm or inadequate reduction of tooth structure compromising final crown
Line angles	All line angles well-rounded	Some line angles not well-rounded	Sharp line angles or cusps compromising final crown	Sharp line angles or cusps preventing final crown production

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Provisional crown restoration

Observation	Very good	Satisfactory	Borderline	Unsatisfactory
Tooth/restoration junction	Junction of restoration and tooth not detectable by probe	Junction of restoration/tooth just detectable by probe	Distinct deficiency or void at margins <0.5mm wide	Deficiency or void at margins >0.5mm wide
Overhangs	No overhangs present	Slight overhang just detectable by floss	Excess material a margin <0.5mm	Excess material a margin >0.5mm
Excess material	No loose excess material present	Superficial excess material remaining on hard or soft tissues	Small amount of excess material left on hard or soft tissues	Excessive material left on hard or soft tissues
Damage to adjacent or assessment tooth	No damage to adjacent tooth or assessment tooth	Minor damage to adjacent tooth and/or assessment tooth not requiring further adjustment	Moderate, correctable damage to adjacent tooth and/or assessment tooth	Major damage to adjacent tooth and/or assessment tooth requiring restoration
Damage to gingiva	No damage to gingiva	Minor scratches on adjacent gingivae	Minor cuts or other damage on adjacent gingivae	Major damage to adjacent gingiva
Restoration polish	Highly polished. No uncured resin present	Some minor polishing required. Small amount of uncured resin present	Generalised roughness. Moderate amount of uncured resin present	Excessive roughness that cannot be polished. Excessive amount of uncured resin present
Restoration margin finish	Smooth margins	Margins require minor finishing	Rough margins that require adjustment	Margins are unacceptably rough

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Material handling (porosities)	No porosities	Minor porosities that do not affect aesthetics or durability	Porosities present that may affect durability or aesthetics	Excessive porosities requiring replacement of restoration
Material handling (curing)	No incremental lines. No evidence of restoration repair	Minor incremental lines or evidence of minor repair that do not affect aesthetics or durability	Incremental lines or moderate repair present that may affect durability or aesthetics	Excessive incremental lines requiring replacement of restoration or major repair that compromises aesthetics or function
Restoration integrity	Restoration present and intact	n/a	n/a	Restoration fractured, loose or missing or cannot be removed
Emergence profile	Optimal emergence profile	Over- or under-contoured < 0.5mm with respect to adjacent teeth	Over- or under-contoured by 0.5-1.0mm with respect to adjacent teeth	Over- or under- contoured by >1.0mm with respect to adjacent teeth
Proximal contact tightness	Optimal contact tightness	Slightly light or slightly tight proximal contact	Very light or very tight proximal contact	Proximal contact absent or unable to pass floss through contact
Proximal contact contour	Optimal contact width and height	Proximal contact slightly broad or slightly occlusally or gingivally placed	Poor proximal contact contour	Proximal contact contour does not resemble anatomical form
Morphologic tooth contours	Optimal restoration of morphologic tooth contours	Restoration morphology resembles original anatomy	Poorly defined morphology	Absence of tooth morphology and/or excessive depth of occlusal contouring requiring replacement

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Occlusal contacts (using adjacent and contralateral teeth for reference)	Optimal occlusal contacts	Restoration in infra-occlusion or supra-occlusion by <0.5mm	Restoration in infra-occlusion or supra-occlusion by 0.5mm-1.0mm	Restoration in infra-occlusion or supra-occlusion by >1.0mm

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Resin composite restoration (anterior tooth)

Observation	Very good	Satisfactory	Borderline	Unsatisfactory
Restoration integrity	Restoration present and intact	n/a	n/a	Restoration fractured, loose or missing Excessive use of flowable resin composite
Polish	Highly polished	Some minor polishing required	Generalised roughness	Excessive roughness that cannot be polished without compromising anatomy
Material handling (porosities)	No porosities	Minor porosities that do not affect durability or aesthetics	Porosities present that may affect durability or aesthetics	Excessive porosities requiring replacement of restoration
Material handling (increments)	No incremental lines	Minor incremental lines that do not affect durability or aesthetics	Incremental lines present that may affect durability or aesthetics	Excessive incremental lines requiring replacement of restoration
Resin curing	Resin fully cured	n/a	n/a	Uncured resin present
Debris (i.e. bond/flowable/ composite resin)	No debris or excess material left beyond the assessment tooth	Minor debris or excess material left beyond the assessment tooth that can be self-managed by the patient	Moderate debris or excess material left beyond the assessment tooth that requires intervention by the practitioner	Significant debris or excess material beyond the assessment tooth that affects function (i.e. flossing)

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Tooth/restoration junction (deficiency/excess)	Junction of restoration/tooth not detectable by probe	Junction of restoration/ tooth just detectable by probe	Excess or deficiency at one or more points on margin <0.5 mm wide	Distinct excess or deficiency at one or more points on margin >0.5 mm wide
Cervical overhang	No cervical overhang present	Slight cervical overhang just detectable by floss	Excess composite at cervical margin that can be corrected without requiring replacement	Excess composite at cervical margin that cannot be corrected, requiring repair or replacement
Damage to adjacent or assessment tooth/teeth	No damage to adjacent tooth or assessment tooth	Minor damage to adjacent tooth and/or assessment tooth not requiring adjustment	Moderate, correctable damage to adjacent tooth and/or assessment tooth that does not require restoration	Major damage to adjacent tooth and/or assessment tooth requiring restoration
Damage to gingiva	No damage to gingiva	Minor scratches on adjacent gingivae	Minor cuts or other damage on adjacent gingivae	Major damage to adjacent gingiva
Proximal contact tightness	Optimal tightness of contact	Slightly light or slightly tight proximal contact	Very light or very tight proximal contact	Proximal contact absent or unable to pass floss through contact
Restoration morphology: proximal surface contour	Optimal contour width and height	Proximal contour slightly broad or slightly occlusally or gingivally placed	Poor proximal contour	Proximal contour does not resemble correct anatomic form

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Restoration morphology: other surfaces	Optimal restoration of morphologic tooth contours	Restoration morphology mostly resembles original anatomy	Poorly defined/ non-anatomical morphology	Absence of tooth morphology and/or excessive depth of palatal contouring requiring replacement
Incisal edge height	Optimal restoration of incisal edge height	Incisal edge height over/ under by <0.5mm	Incisal edge height over/ under by 0.5-1.0mm	Incisal edge height over/ under by >1.0mm
Incisal angle position (labial/palatal OR labial/ lingual)	Optimal angle positioning	Incisal angle position is in functional occlusion	Incisal angle is incorrectly positioned but can be adjusted to functional occlusion without requiring replacement	Incisal angle is incorrectly positioned and cannot be adjusted to functional occlusion. Requires repair or replacement

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Endodontic access cavity

Observation	Very good	Satisfactory	Borderline	Unsatisfactory
Shape of access cavity outline allows appropriate removal of pulp horns and access to all canals-	Outline form has ideal shape	Access cavity has appropriate shape	Access cavity shape compromising access to canals	Access shape preventing access to canals
Position of access cavity allows appropriate removal of pulp horns and access to all canals	Outline form is well positioned	Access cavity is appropriately positioned	Access cavity positioning compromising access to canals	Access positioning preventing access to canals
Size of access cavity allows appropriate removal of pulp horns and access to all canals	Outline form is ideal size	Access outline over/under extended by <1.0mm in any direction	Access outline over/under extended by 1.0-2.0mm in any direction	Access outline over/under extended by >2.0mm in any direction
Pulpal horns	Pulpal horns adequately removed	Remaining pulpal horn causing minor obstruction to one orifice	Remaining pulpal horns causing minor obstruction to multiple orifices	Pulpal horns not removed or causing major obstruction to orifice/s
Pulp chamber roof	Complete removal of pulp chamber roof	n/a	n/a	Part of pulp chamber roof still present
Tooth selection	Correct tooth prepared	n/a	n/a	Incorrect tooth prepared
Damage to adjacent or assessment tooth beyond preparation	No damage to adjacent tooth or assessment tooth	Minor damage to adjacent tooth and/or assessment tooth not requiring further adjustment	Moderate, correctable damage to adjacent tooth and/or assessment tooth	Major damage to adjacent tooth and/or assessment tooth requiring restoration

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Damage to gingiva	No damage to gingiva	Minor scratches on adjacent gingivae	Minor cuts or other damage on adjacent gingivae	Major damage to adjacent gingiva
Straight line canal access	Optimal internal form to allow straight-line access to all canals	Unobstructed access to all canals	Partially obstructed access to canals	Unable to access canal(s)
Flare of preparation walls	Optimally flared preparation walls	Slightly over-flared internal walls	Flared internal walls	Excessively flared internal walls
Removal of internal tooth structure – axial walls	Optimal removal of internal tooth structure	Minor removal of internal tooth structure beyond optimal preparation	Moderately excessive removal of internal tooth structure including gouging of internal walls or undermined marginal ridge	Grossly excessive removal of internal tooth structure including excessive gouging or undermining of cusp/s
Removal of internal tooth structure – pulpal floor	Optimal removal of internal tooth structure	Minor removal of internal tooth structure beyond optimal preparation	Moderately excessive removal of internal tooth structure	Grossly excessive removal of internal tooth structure and/or perforation
Condition of pulpal floor	No damage or gouging	Minor damage	Moderate damage/gouging	Significant damage/gouging
Debris	No debris left on walls of access cavity	Minimal debris left on walls of access cavity	Moderate debris left on walls of access cavity	Debris obscuring chamber and/or canal orifices
Cavo-surface margin and wall finish	Smooth cavo-surface margin and walls	Minor roughness of cavo-surface margin and/or walls	Moderate roughness of cavo-surface margin and/or walls	Gross roughness of cavo-surface margin and/or walls

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Resin composite restoration (posterior tooth)

Observation	Very good	Satisfactory	Borderline	Unsatisfactory
Restoration integrity	Restoration present and intact	n/a	n/a	Restoration fractured, loose or missing Excessive use of flowable resin composite
Polish	Highly polished	Some minor polishing required	Generalised roughness	Excessive roughness that cannot be polished without compromising anatomy
Material handling (porosities/incremental lines)	No porosities or incremental lines	Minor porosities or incremental lines that do not affect durability or aesthetics	Porosities or incremental lines present that may affect durability or aesthetics	Excessive porosities or incremental lines requiring replacement of restoration
Resin curing	Resin fully cured	n/a	n/a	Uncured resin present
Debris (i.e. bond, flowable, composite resin)	No debris or excess material left beyond the assessment tooth	Minor debris or excess material left beyond the assessment tooth that can be self-managed by the patient	Moderate debris or excess material left beyond the assessment tooth that requires intervention by the practitioner	Significant debris or excess material beyond the assessment tooth that affects function (i.e. flossing)

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Tooth/restoration junction (deficiency/excess)	Junction of restoration/tooth not detectable by probe	Junction of restoration/ tooth just detectable by probe	Excess or deficiency at one or more points on margin <0.5 mm wide	Distinct excess or deficiency at one or more points on margin >0.5 mm wide
Cervical overhang(s)	No cervical overhang(s) present	Slight cervical overhang(s) just detectable by floss	Excess composite at cervical margin(s) that can be corrected without requiring replacement	Excess composite at cervical margin(s) that cannot be corrected, requiring repair or replacement
Damage to adjacent or assessment tooth/teeth	No damage to adjacent tooth or assessment tooth	Minor damage to adjacent tooth and/or assessment tooth not requiring adjustment	Moderate, correctable damage to adjacent tooth and/or assessment tooth that does not require restoration	Major damage to adjacent tooth and/or assessment tooth requiring restoration
Damage to gingiva	No damage to gingiva	Minor scratches on adjacent gingivae	Minor cuts or other damage on adjacent gingivae	Major damage to adjacent gingiva
Tightness of proximal contact(s)	Optimal tightness of contact(s)	Slightly light or slightly tight proximal contact(s)	Very light or very tight proximal contact(s)	Proximal contact(s) absent or unable to pass floss through contact(s)
Restoration morphology: proximal surface contour	Optimal contour width and height	Proximal contour slightly broad or slightly occlusally or gingivally placed	Poor proximal contour	Proximal contour does not resemble correct anatomic form

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Restoration morphology: other surfaces	Optimal restoration of morphologic tooth contours	Restoration morphology mostly resembles original anatomy	Poorly defined/ non-anatomical morphology	Absence of tooth morphology and/or excessive depth of occlusal contouring requiring replacement
Cusp height	Optimal restoration of cusp height	Cusp height over/ under-contoured by <0.5mm	Cusp height over/ under- contoured by 0.5-1.0mm	Cusp height over/ under- contoured by >1.0mm
Cusp tip position	Optimal cusp tip positioning	Cusp tip position is in functional occlusion	Cusp tip position is incorrect but can be adjusted to functional occlusion without requiring replacement	Cusp tip position is incorrect and cannot be adjusted to functional occlusion Requires repair or replacement
Marginal ridge height	Optimal margin ridge height	Slight discrepancy in marginal ridge height, but functional	Marginal ridge height discrepancy of <0.5mm	Marginal ridge height discrepancy >0.5mm

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Appendix B

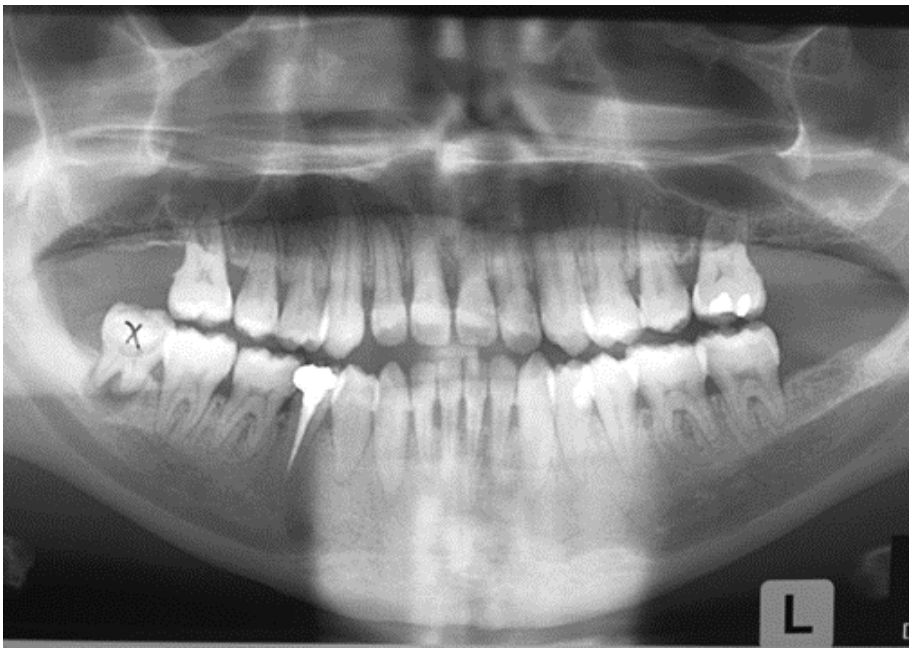
Example OSCE Scenario and marking rubric

Clinical scenario: Diagnosis and management planning

Mrs Wilson is 45 years-old and is a new patient to your practice.

She attends today requesting a scale and clean as her previous dentist of 20 years has recently retired. You note that Mrs Wilson's medical history is clear but she reports that she smokes 10 cigarettes a day and has a family history of early tooth loss.

Mrs Wilson has brought along an orthopantomograph (OPG), taken at her last dental appointment where she had tooth 48 extracted.



Today, you have performed a full periodontal examination including periodontal charting. You find heavy plaque and calculus deposits, with some bleeding on probing at deeper sites. You record generalised probing depths of 5-6mm and recession of up to 2mm on the lower anterior teeth.

Explain your diagnosis to Mrs Wilson and work towards gaining informed consent for your management plan.

Marking rubric for example clinical scenario

Underlying knowledge base				
Observation	**Very good**	**Satisfactory**	**Borderline**	**Unsatisfactory**
Signs and symptoms identified and discussed	Comprehensive identification/ discussion of signs and symptoms: *Smoking, family history, OPG, deposits, bleeding on probing, probing depths, recession*	All signs and symptoms identified but discussion not comprehensive	Minor sign or symptom omitted or poor discussion	Does not identify /discuss important sign or symptom
Appropriate treatment is offered (immediate and long term)	Complete range of treatment options presented to patient: (options also include *-do nothing or have clean as requested today)*. Appropriate recommendation given to patient (*referral to periodontist, oral hygiene advice, assistance with smoking cessation*)	Most treatment options presented to patient. Generally appropriate recommendation/s provided without prompting.	Only a limited range of treatment options presented to patient. Generally appropriate recommendation/s given only on prompting.	No, or inappropriate treatment options presented. Reluctant, or unable to give recommendation. Incorrect recommendation.
Displays knowledge of pathophysiology of diagnosis	Pathophysiology as relevant to the patient is explained clearly.	Pathophysiology mentioned but discussion not comprehensive	Limited discussion of pathophysiology.	No discussion or incorrect information given related to pathophysiology.
Displays knowledge of the principles of specific treatment	The risks and benefits of a specific treatment option *(referral to a periodontist)* are presented	Most risks and benefits of treatment given.	Limited range of risks/benefits given.	Presents only one or no risk/benefit of treatment Incorrect information given (cont.)

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Clinical reasoning and judgement				
Observation	**Very good**	**Satisfactory**	**Borderline**	**Unsatisfactory**
Treatment plan is comprehensive	Treatment plan takes into account all data provided *(Smoking, family history, OPG, deposits, bleeding on probing, probing depths, recession)*. Treatment plan specifically addresses presenting complaint *(Request for clean)*	Treatment plan takes into account more than half of the data provided Treatment plan addresses presenting complaint	Treatment plan takes into account less than half of the data provided Treatment plan partially addresses presenting complaint	Treatment plan uses less than a quarter of data provided in its formulation Treatment plan does not address presenting complaint
Modifying/risk factor in data explained: *Smoking*	Explains the relevance of the modifying factor to this patient.	Clear but limited explanation of modifying factor and its relevance to the patient.	Gives a confused and/or incomplete explanation of the modifying factor/s. Confused or incomplete explanation of relation of modifying factors to the patient.	Does not identify the modifying factor. Cannot explain the modifying factor. Does not relate the modifying factor to the patient.
Modifying/risk factor in data identified and explained: *family history of tooth loss*	Explains the relevance of the modifying factor to this patient.	Clear but limited explanation of modifying factor and its relevance to the patient.	Gives a confused and/or incomplete explanation of the modifying factor/s. Confused or incomplete explanation of relation of modifying factors to the patient.	Does not identify the modifying factor. Cannot explain the modifying factor. Does not relate the modifying factor to the patient (cont.)

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Modifying/risk factor in data identified and explained: *OPG shows alveolar bone loss*	Explains the relevance of the modifying factor to this patient.	Clear but limited explanation of modifying factor and its relevance to the patient.	Gives a confused and/or incomplete explanation of the modifying factor/s. Confused or incomplete explanation of relation of modifying factors to the patient.	Does not identify the modifying factor. Cannot explain the modifying factor. Does not relate the modifying factor to the patient.
Modifying/risk factor in data identified and explained: *clinical signs of periodontitis* – deposits, *bleeding on probing, probing depths, recession*	Explains the relevance of the modifying factors to this patient.	Clear but limited explanation of modifying factor and its relevance to the patient.	Gives a confused and/or incomplete explanation of the modifying factor/s. Confused or incomplete explanation of relation of modifying factors to the patient.	Does not identify the modifying factor. Cannot explain the modifying factor. Does not relate the modifying factor to the patient.
Appropriate recommendation of further investigation: *referral to a periodontist*	Requests or recommends referral appropriately.	Offers option of referral to patient but does not provide recommendation.	Advises	Does not discuss periodontist referral.
Diagnoses pathology	Correctly diagnoses lesion/disease: *Chronic generalised moderate to severe periodontitis (areas of localised severe periodontitis)*	Correctly diagnoses lesion/disease Incomplete description	Partial diagnosis	Incorrectly diagnoses lesion/disease (cont).

Communication

Action/Criterion	Very good	Satisfactory	Borderline	Unsatisfactory
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 and appropriate	Appropriate but some skills may be absent	Limited and/or used in a "rote" manner	Inadequate and/or inappropriate
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	Comprehensive and appropriate	Appropriate but some skills may be absent	Limited and/or used in a "rote" manner	Inadequate and/or inappropriate
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 •	Comprehensive and appropriate	Appropriate but some skills may be absent	Limited and/or used in a "rote" manner	Inadequate and/or inappropriate

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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	Comprehensive and appropriate	Appropriate but some skills may be absent	Limited and/or used in a "rote" manner	Inadequate and/or inappropriate

Appendix C

Infection Control marking rubric

Infection Control				
Action/Criterion	**Very good**	**Satisfactory**	**Borderline**	**Unsatisfactory**
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	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	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

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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 techniques	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

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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

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