

# Practical examination handbook for dental hygiene and dental therapy

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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 dental hygienists and dental therapists seeking registration with the DBA whose qualifications are not otherwise approved for registration.

The assessment and examination procedure consists of:

1. an initial assessment of professional qualifications in dental hygiene/dental therapy
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 DHDT [Practical examination information package](#) for dental hygiene and dental therapy (available on the ADC website) 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 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 generally valid for three 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 by completing the [Practical Examination Application - DHDT](#) form and submitting a hard copy to the ADC during the designated application period.

The ADC provides detailed information on the correct way to complete the application on the form.

Examination dates, application periods and the [Practical Examination Application - DHD](#) form are located on the [ADC website](#).

You will be notified when your application is received. Confirmation of your allocated practical examination date will be emailed to you within six weeks of the close of the application period.

We do not accept:

- electronic applications
- 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 **four weeks** prior to your practical examination date.

### 3.3. Your contact details

It is your responsibility to notify the ADC of 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 the details provided on your application form. 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.

If you change your contact details, notify us as soon as possible using the [Notification of Change of Contact Details](#) form.

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 contact the ADC with your request in writing 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 [Notification of withdrawal from an ADC examination form](#) directly to the ADC. If the date of the examination is imminent, you may submit your intention to withdraw via email and subsequently post your withdrawal form and supporting documentation. A withdrawal is considered confirmed upon receipt 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 forms 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 form and payment.

### 4.2 Refunds

You will forfeit some or all of 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.

If you are eligible for a refund, you must provide details of the credit card used in your practical examination application. **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 this handbook.

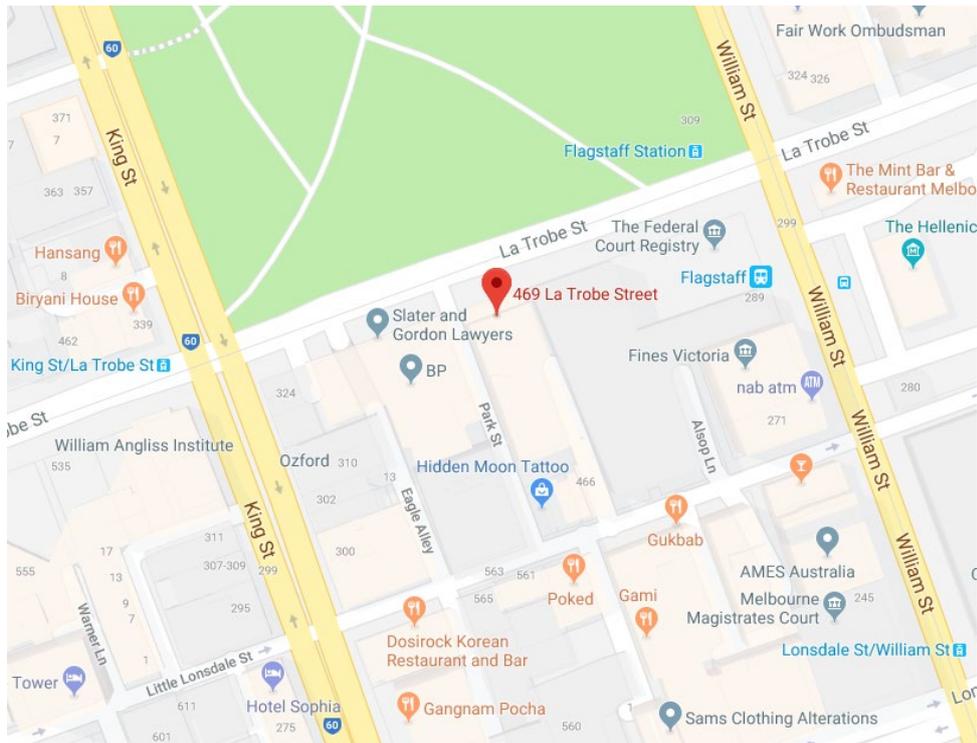
You should review the [Candidate rules agreement](#) and [Candidate misconduct policy](#) prior to your examination. This is essential reading prior to your examination. At examination registration you will be required to sign that you agree to abide by the terms outlined in these documents.

## 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 dental hygiene and dental therapy](#) provides detailed information about venue location, local travel and local accommodation.

The practical examination is held over one or two days, usually twice a year in June and November, but may be scheduled according to demand and the availability of the examination centre.

## 5.2 Examination day procedures

### Examination registration

At the start of each 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 full name, photograph and 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 the scheduled registration time, you may not be permitted into the examination.**

Once registered, the registering officer 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.

The only items you are permitted to bring with you are your safety eye wear (including fixed magnification aids) and your lunch which should be in clear packaging. (for further information please refer to [Practical examination information package dental hygiene and dental therapy](#)).

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

### Orientation

Prior to starting the first examination day, you will receive a short presentation outlining what to expect during your examination. 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 dental hygiene and dental therapy](#).

Gloves, masks 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.

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 dental hygiene and dental therapy](#). 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.

## 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 Hygienist, Dental Therapist and Oral Health Therapist](#) (the Competencies).

## 7. Practical examination format

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

At the start of each day you will be given:

- a set of dental models (upper and lower), labelled with your candidate ID and mounted in a manikin on a dental chair
- a task list, detailing all the procedures that you will be required to undertake for that day, including tooth numbers and surfaces and a designated practice tooth,
- a timetable with attendance times for the rubber dam, communication and radiography tasks.

Candidates sitting the dental hygiene examination will be required for one day, candidates sitting the dental therapy examination will be required for one and a half days, and candidates sitting the combined dental hygiene and dental therapy examination will be required for two days.

### 7.1 Assessment tasks – dental hygiene

You will be required to perform the following tasks:

1. Scaling lower anterior teeth (6 teeth)
2. Scaling and root debridement upper premolar and molars (3 teeth)
3. Scaling and root debridement lower molars (2 teeth)
4. Fissure sealant placement
5. Taking nominated radiographs in a manikin
6. Applying a rubber dam
7. Clinical communication
8. Infection control.

Details of each task will be provided on the day.

### 7.2 Assessment tasks – dental therapy

You will be required to perform the following tasks:

1. Prepare and place a stainless steel crown on a deciduous tooth
2. Perform a pulpotomy on a deciduous tooth
3. Restore a pre-prepared tooth with a direct class II composite resin restoration (permanent tooth)
4. Class II amalgam preparation (permanent tooth)
5. Class II resin composite preparation (deciduous tooth)
6. Restore a pre-prepared tooth with a direct Class IV composite resin restoration (permanent tooth)

7. Taking nominated radiographs in a manikin
8. Applying a rubber dam
9. Clinical communication
10. Infection control.

### 7.3 Assessment tasks – dental hygiene & dental therapy combined

You will be required to perform 12 tasks from the following list.

1. Scaling lower anterior teeth (6 teeth)
2. Scaling and root debridement upper premolar and molars (3 teeth)
3. Scaling and root debridement lower molars (2 teeth)
4. Preparing and placing a stainless steel crown on a deciduous tooth
5. Performing a pulpotomy on a deciduous tooth
6. Restoring a pre-prepared tooth with a direct class II resin composite restoration (permanent tooth)
7. Restoring a pre-prepared tooth with a direct class IV resin composite restoration (permanent tooth)
8. Preparing an approximal cavity for an amalgam restoration (permanent tooth)
9. Preparing an approximal cavity for a resin composite restoration (deciduous tooth)
10. Taking nominated radiographs in a manikin
11. Applying a rubber dam
12. Clinical communication
13. Infection control.

## 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 centre 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 examination day. Breaks can be taken as desired throughout the day except during timetabled tasks. 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. Each full day examination includes a mandated 45 minute lunch break.

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. Timetabled tasks are marked by an examiner at the time of the task. Other tasks are marked by two independent examiners after the examination.

### 9.2 Rating

You will receive a score for each task that will be determined by the assessment criteria for that task.

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

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

The criteria have been developed so that:

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

You can find details of the assessment criteria used for each task in Appendix A.

### 9.3 Final result grade derivation

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

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

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

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

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

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

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

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

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

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

## 10. Getting your results

The results of your practical examination will be emailed to you. Posting of results usually occurs within six weeks of the examination, but may take longer. Please do not contact the ADC before this time regarding your examination results. You should check the [ADC website](#) regularly for updates.

### 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 written examination.

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

### 10.2 Verification, review and appeal

Candidates can apply for results verification, 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 [Verification of ADC Practical Examination Results Policy](#) and the [Appeals Policy for the Practical Examination](#) for further information regarding the verification, 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 *Verification of ADC Practical Examination Results Policy* and the *Appeals Policy for the Practical Examination*. 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 (Dental Hygiene / Dental Therapy / Combined Dental Hygiene & Dental Therapy)* which is available for you to download from the [Candidate Portal](#).

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

a. Approximal amalgam cavity preparation

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

### b. Stainless steel crown preparation

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

### c. Deciduous tooth pulpotomy

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

d. Class IV resin composite restoration - Note: shade-matching is not part of the evaluation.

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

e. Class II resin composite restoration - Note: shade-matching is not part of the evaluation.

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

f. Approximal cavity preparation for a resin composite restoration (deciduous tooth)

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

g. Scaling lower anterior teeth (6 teeth)

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

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

h. Root debridement (2 teeth)

- includes scaling of task teeth

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

i. Root debridement (3 teeth)

- includes scaling of task teeth

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

j. Fissure sealant

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

k. Radiographic exercise

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

I. Rubber dam application

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

### m. Record of procedures

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

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

Examples of unacceptable Recording of Procedures include:

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

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

## n. Infection control

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

Examples of unacceptable Infection Control include:

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

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

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

o. Clinical communication

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

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

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

Ideal	Satisfactory	Borderline	Unsatisfactory
- <i>In accordance with the Dental Board of Australia's Code of Conduct (the Code)</i>	- minor deviations from the Code	- several deviations from the Code but overall message is understood	- multiple deviations from the Code AND/OR the overall message is not understood by the patient