

# Written examination handbook for dental hygiene and dental therapy

October 2018

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Version October 2018

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## Introduction

The Australian Dental Council's (ADC) written examination is designed to test your knowledge of the science and practice of dental hygiene and/or dental therapy and to assess your clinical judgement and reasoning skills relevant to dental practice in Australia.

## Applying for the written examination

To apply for the written examination you must have successfully completed the ADC initial assessment of professional qualifications in dental hygiene and/or dental therapy.

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

## Dates and location

The written examinations are conducted over one or two days (depending on profession) on two occasions each year, and are generally held in early March and early September.

Currently the Written Examination is only held in Melbourne, Australia with the exact venue to be advised prior to your examination. (Please Note: If you are successful in progressing through the written examination, the practical examination is currently only held in Melbourne, Australia)

## Content and format

The **dental hygiene** written examination consists of two papers, each two hours in length. The **dental therapy** written examination consists of two papers, the first being two hours in length and the second being one hour in length. A **combined** written examination is available for candidates who hold dual-qualification in both dental hygiene and dental therapy or a qualification in oral health therapy. This examination consists of three papers, the first two are two hours in length and the third one hour in length.

All papers contain a mix of scenario-based and single best answer multiple choice questions, with each examination containing a different set of questions. All papers must be completed in the one examination session, (*i.e.* it is not possible to do one paper in March and the remaining in September). The standard required of each examination is at the same level.

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

## Validity of results

A pass in the written examination is valid for **three years only**. You must pass the practical examination within three years of the ADC notifying you of your successful result in the written examination.

If you do not complete the practical examination in this timeframe, you must re-sit and pass the written examination to again become eligible to enter the practical examination.

## Candidate contact information

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

Any change in mailing address must be notified immediately using the ADC's *Notification of Change of Contact Details* form which can be found on [www.adc.org.au](http://www.adc.org.au). Information reissued to candidates who fail to advise the ADC or employ a suitable mail redirection service from their previous address will incur an administration fee.

## Withdrawing from an examination

Withdrawal from an ADC examination can be made by submitting a *Notification of withdrawal from an ADC examination* form, advising that you wish to withdraw. Examination fees and application forms cannot be transferred to alternate examinations.

If you withdraw from an examination before the closing date for that examination you will forfeit 20% of your examination fees.

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

If you withdraw within four weeks of a scheduled examination you will forfeit the whole fee. You are not entitled to a refund unless your withdrawal is due to illness and is supported by a medical certificate reporting inability to undertake the examination, in which case you may be eligible for a 50% refund.

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

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

## Examination conduct

You must comply with the 'Professional Examination Rules' provided prior to sitting the written examination as ADC examinations are conducted under the strictest supervision.

You will be provided with all materials necessary for the examination.

Calculators or other electronic or mechanical aids are neither required nor permitted. Scrap paper is neither provided nor permitted for the written examination papers.

You should remember to bring with you:

- Examination confirmation letter.
- **Evidence of identity** which will be checked at the beginning of the examination. This can be a passport or an Australian driving licence. It must be an original, valid document which bears your photograph and signature.

You must be at the examination centre no later than the arrival time stated on your venue notice; this is usually one hour before the examination starts. Once the examination has commenced no candidate will be granted late entry, regardless of the reason. Failure to sit a paper will be deemed an automatic fail of the entire examination.

## 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 knowledge, whilst not being given any advantage.

If you wish to request an accommodation, you must submit your request to the ADC in writing along with any supporting evidence (i.e. relevant medical certificate). All requests must be received six weeks prior to the examination date.

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 examination content, or an awarded grade.

## Adverse incidents

Adverse incidents include situations beyond your control which are likely to affect your performance in the examination (for example an extended power outage). Minor incidents (such as mild noise disturbance) which can be readily rectified are not considered as adverse incidents.

If an event occurs during an examination you believe is likely to affect your performance, it is your responsibility to notify the examination invigilator immediately. The examination invigilator will assess the situation and will attempt to remedy any adverse incident at the time of its occurrence. You may be moved to another work station to allow your examination to continue with minimal delay. If warranted, the examination invigilator 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 written examination will not be considered.

The ADC recommends you investigate strategies to help manage your stress during the examination as minor changes, delays or interruptions during an examination are possible.

## Written examination results

You will be advised of your result by email. Written examination results will be released **approximately six weeks** after the date of the examination. You should not contact the ADC before this time has elapsed.

## Written examination grades

ADC written examination results will appear on your results profile. To be awarded a PASS in the written examination, you must pass all written papers in your examination. The results profile also provides a grade for each paper attempted. Grades A, B and C are all PASS grades, whilst D and E are FAIL grades.

## Verifications, reviews and appeals

Once receiving their results, candidates can apply for results verification, a review of the administrative procedures of the written examination, or an appeal against the administrative procedures of the written examination.

Candidates should read the *Verification of ADC written examination results policy* and the *Appeals policy for the written examination* for further information regarding the verification, review and appeal processes for the written examination.

The verification, review and appeal processes do not provide candidates with examination questions or answers. The ADC does not release such examination material to candidates.

The ADC will only take into consideration concerns relating to the administrative procedures of the written examination formally submitted according to the *Verification of ADC written examination results Policy* and the *Appeals policy for the written examination*. Reports or accounts provided by telephone or email following a written examination will not be considered and candidates will be redirected to these policies.

Please note all relevant fees for verification of results and ADC appeals can be found on the ADC website, [www.adc.org.au](http://www.adc.org.au)

## Written examination specification matrix

The ADC written examination is designed to test your knowledge of the science and practice of dental hygiene and/or dental therapy, and to assess your clinical judgement and reasoning skills relevant to dental practice in Australia.

The questions in each paper will focus on, but may not be limited to, the disciplines listed in the table below. Please note that the depth of understanding in each of these disciplines is assessed to the expected level of a new graduate from an Australian prescribed course of study.

### Dental Hygiene

#### Paper 1 (80 questions) 2 hours

- Anaesthesia and Resuscitation
- Infection Control
- Oral Medicine
- Oral Pathology
- Pharmacology and Therapeutics
- Preventive Dentistry
- Public Dental Health
- Orthodontics

#### Paper 2 (80 questions) 2 hours

- Periodontics
- Tooth Conservation
- Dental Caries
- Fixed Prosthodontics
- Removable Prosthodontics
- Paediatric Dentistry
- Radiology

### Dental Therapy

#### Paper 1 (80 questions) 2 hours

- Tooth Conservation
- Dental Caries
- Preventive Dentistry
- Public Dental Health
- Orthodontics
- Periodontics
- Endodontics
- Paediatric Dentistry

#### Paper 2 (40 questions) 1 hour

- Oral Surgery
- Infection Control
- Oral Medicine
- Oral Pathology
- Pharmacology and Therapeutics
- Radiology
- Anaesthesia and Resuscitation
- Dental Materials

## Dental Hygiene and Dental Therapy (Combined)

### Paper 1 (80 questions) 2 hours

- Periodontics
- Preventive Dentistry
- Public Dental Health

### Paper 2 (65 questions) 2 hours

- Tooth Conservation
- Dental Caries
- Paediatric Dentistry
- Endodontics
- Removable Prosthodontics
- Fixed Prosthodontics
- Radiology
- Orthodontics

### Paper 3 (40 questions) 1 hour

- Anaesthesia and Resuscitation
- Infection Control
- Oral Medicine
- Oral Surgery
- Pharmacology and Therapeutics

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

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

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

## Sample multiple choice questions

### Single-best answer questions

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

1. Which of the following would most clearly differentiate an acute periodontal abscess from an acute periapical abscess?
  - a) pigmentation of the gingivae
  - b) nature of the swelling
  - c) degree of tooth mobility
  - d) response to a test for vitality**
  - e) tenderness to percussion
2. A 25 years-old male complained of many minute vesicles on the vermillion border of the upper lip. The vesicles were preceded by an "itching" sensation. The patient stated the vesicles develop "two or three times" a year. The **MOST LIKELY** diagnosis is
  - a) impetigo
  - b) herpes zoster
  - c) recurrent herpes simplex infection**
  - d) primary herpetic stomatitis
  - e) recurrent aphthous ulceration
3. A patient presents with painless, bluish lump (10 mm in diameter) just inside the vermillion border of the lower lip. The **MOST LIKELY** diagnosis is
  - a) smokers' keratosis
  - b) squamous cell carcinoma
  - c) mucocoele**
  - d) fibroma
  - e) fibro-epithelial polyp
4. The drug most commonly used to treat trigeminal neuralgia is
  - a) diazepam (Valium)
  - b) carbamazepine (Tegretol)**
  - c) Ergotamine
  - d) phenytoin (Dilantin)
  - e) metronidazole (Flagyl)

5. An injection at the anterior border of the ramus of the mandible, a centimetre above the lower occlusal plane, will anaesthetise the
- a) lingual nerve
  - b) long buccal nerve**
  - c) facial nerve
  - d) posterior superior alveolar nerve
  - e) mylo-hyoid nerve
6. The **MOST COMMON** problem arising from premature extraction of deciduous molars is the loss of
- a) arch length**
  - b) facial contour
  - c) vertical height
  - d) sibilant speech sounds
  - e) freeway space
7. A substance used as a non-cariogenic substitute for sugar is
- a) fructose
  - b) glucose
  - c) lactose
  - d) maltose
  - e) sorbitol**
8. A patient develops unilateral facial paralysis within ten minutes after an attempted inferior alveolar nerve block on the same side. The most logical explanation is that the injection was made into the
- a) parotid gland**
  - b) masseter muscle
  - c) maxillary artery
  - d) pterygomandibular ligament
  - e) buccinator muscle
9. The tooth **MOST** often congenitally missing is the
- a) mandibular first premolar
  - b) mandibular lateral incisor
  - c) maxillary first molar
  - d) maxillary lateral incisor**
  - e) maxillary canine

## Scenario-based questions

Correct answers are marked in **orange**.

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

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

You obtain the attached periapical radiograph.



1. In addition to testing the pulp vitality with either cold or an electric pulp tester, which of the following clinical tests or procedures would be the most appropriate to assist in making a diagnosis?
  - a) Orthopantomogram
  - b) Bite-wing radiograph
  - c) Percussion**
  - d) Crack testing
  - e) INR
2. In cases like this Class II composite restorations of posterior teeth are more likely to fail due to recurrent caries if:
  - a) The material is placed in increments because of the risk of leakage between the increments.
  - b) A glass-ionomer lining is used because of the risk that the lining will leach out over time.
  - c) Occlusal loads are applied to the marginal ridge due to flexure of the material.
  - d) The curing time is extended due to greater shrinkage of the material.
  - e) The gingival margin is on dentine because bonding under these conditions is unpredictable.**

3. Given the history and the radiographic evidence, would you expect the "sensitivity" to hot and cold that the patient reports to be:
  - a) sharp, occurring once or twice per week and only with ice-cream and hot coffee?
  - b) sharp and relieved on removal of hot or cold stimulus?
  - c) dull and lingering for 1-2 minutes?**
  - d) always present, but worse after hot or cold stimulus?
  - e) worse in the morning?
4. If you decided to extract the tooth and in planning for the procedure you find that the patient's INR is 2.4, would you:
  - a) Proceed with the extraction and provide appropriate post-operative instructions.**
  - b) Proceed with the extraction and suggest that the patient stop their warfarin for 3 days.
  - c) Suggest that the patient stop their warfarin and commence taking 125mg aspirin before returning in 3 days to have the tooth removed.
  - d) Consult the patient's cardiologist to discuss stopping warfarin treatment.
  - e) Refer the patient to a consultant Oral and Maxillofacial Surgeon who is the best placed to manage complex surgical problems such as this.
5. After removal of the 46, which of the following prosthodontic options would be most appropriate?
  - a) Immediate placement and immediate restoration with a dental implant.
  - b) Replacement with an immediate removable partial denture.
  - c) Replacement with a removable partial denture after the extraction site has healed.
  - d) Replacement with a fixed bridge.
  - e) No replacement until the patient has had an opportunity to assess their functional and aesthetic concerns.**

## Resources

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

### General Dentistry

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

Australian Dental Association, Victorian Branch. By-law 2, Ethics.

Fan KFM, Jones J. MCKs in dentistry, 2<sup>nd</sup> edn. Knutsford, UK: PasTest Ltd, 2010

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

Mitchell DA, Mitchell L. Oxford handbook of clinical dentistry, 6<sup>th</sup> edn. Oxford: Oxford University Press, 2014

### Cariology

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

### Community Dentistry

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

### Endodontics

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

### Diagnosis

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

Infection control

Australian Dental Association. Guidelines for infection control; 2<sup>nd</sup> ed. 2012

### Materials

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

### Medicine

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

### Operative/restorative

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

Mount GJ, Hume WR, eds. Preservation and restoration of tooth structure, 2<sup>nd</sup> edn. Brighton, QLD, Australia: Knowledge Books and Software, 2005

### Oral medicine/Oral pathology

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

Soames JV, Southam JC. Oral pathology, 4<sup>th</sup> edn. Oxford: Oxford University Press, 2005

### Orthodontics

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

### Paediatric dentistry

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

McDonald RE, Avery DR, Dean JA. McDonald and Avery's Dentistry for the child and adolescent, 9<sup>th</sup> edn. St Louis: Mosby, 2011

### Periodontology

Newman MG, Takei HH, Klokkevold PR, Carranza FA. Carranza's clinical periodontology, 11<sup>th</sup> edn. St Louis: Saunders Elsevier, 2012

### Pharmacology/Therapeutics

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

Rang HP, Ritter JM, Flower RD, Henderson G. Rang & Dale's Pharmacology, 7<sup>th</sup> edn. Edinburgh: Churchill Livingstone, 2012

### Prevention

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

### Prosthodontics

Zarb GA, Hobkirk J, Eckert S, Jacob R, eds. Prosthodontic treatment for edentulous patients: complete dentures and implant-supported prostheses, 13<sup>th</sup> edn. St Louis: Elsevier Mosby, 2014

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

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

## Radiology

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

White SC, Pharoah MJ. Oral radiology: principles and interpretation. St Louis: Elsevier Mosby, 2014

## Regulations and Guidelines

Dental Board of Australia. Various policies, codes and guidelines. [www.dentalboard.gov.au](http://www.dentalboard.gov.au)

## Special Needs

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

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

## Traumatology

Andreasen JO, Andreasen FM. Essentials of traumatic injuries to the teeth: a step-by-step treatment guide, 2<sup>nd</sup> edn. Hoboken, NJ: Wiley-Blackwell, 2010

## Journals

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