The Dental Council of Trinidad & Tobago (DCTT)
11-13 Fitzblackman Drive,
Port of Spain

CANDIDATE HANDBOOK

DENTAL EXAMINATION BOARD

EXAMINATION FORMAT

November 2017

CANDIDATES

YOU ARE REMINDED TO CAREFULLY READ THIS ENTIRE HANDBOOK. IF YOU DO NOT UNDERSTAND ANY INFORMATION WITTEN IN THE HANDBOOK, YOU ARE URGED TO ASK ANY QUESTIONS BEFORE SITTING THE WRITTEN AND CLINICAL EXAMINATIONS. THIS WILL ASSIST YOU IN PREPARING ADEQUATELY FOR THE EXAMINATIONS. FAILURE TO DO SO MAY RESULT IN THE CANDIDATE PLACING THEMSELVES AT A DISADVANTAGE OR RISK FAILURE OF THESE EXAMINATIONS.

GUIDELINES FOR GRADING (GRADING FORMS*)

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The Trinidad & Tobago Registration Dental Examination Board

PREAMBLE

The Trinidad & Tobago Examination Board, hereafter known as "the Board", is constituted within the Laws of Trinidad and Tobago under the Dental Profession Act Chapter 29:54, 16 of 1980, Amended by 31 of 1998 and 3 of 1999.

AIMS AND OBJECTIVES

The purpose of The Board is to conduct examinations to ensure that any dentists seeking registration in Trinidad and Tobago are competent and proficient. The Board shall ensure that:

1. The Board will undertake Examinations biannually at the request of the Trinidad and Tobago Dental Council to which it is ultimately responsible.

2. The candidate is able to read and write, speak and understand English.

3. The candidate must pass a practical examination to demonstrate competence in the execution of general dental procedures. The candidate must also pass a written examination, to demonstrate the candidate's ability of general dental procedures, diagnosis and treatment planning.

The Board's decision will be final and will be submitted to the Dental Council of Trinidad and Tobago at the conclusion of the Examination. The Board will execute its duty to achieve its goals without prejudice. The Board is bound to secrecy. This avoids any leakage of the examination content, the examination results and verbal discussions that may be construed as litigious in light of the climate that currently exists and the embarrassment that this can create to Trinidad and Tobago. It is imperative that the integrity of the examination be upheld. Board members shall execute their duties in the strictest confidence.

CONSTITUENCY OF THE BOARD

The Board shall consist of a Chairman, a Chief Examiner, a Supervisor of Examinations, a Secretary and two Examiners.

GENERAL INFORMATION

Please note that this handbook is subject to change(s) at the discretion of The Trinidad and Tobago Dental Council/Examination Board

CANDIDATES,

YOU ARE ASKED TO CAREFULLY READ THIS ENTIRE HANDBOOK. IF YOU DO NOT UNDERSTAND ANY INFORMATION WRITTEN IN THE HANDBOOK, YOU ARE URGED TO ASK ANY QUESTIONS BEFORE SITTING THE WRITTEN AND CLINICAL EXAMINATIONS. THIS WILL ASSIST YOU IN PREPARING ADEQUATELY FOR THE EXAMINATIONS. FAILURE TO DO SO MAY RESULT IN THE CANDIDATE PLACING THEMSELVES AT A DISADVANTAGE OR RISK FAILURE OF THESE EXAMINATIONS.

- The Registration Examination is given twice a year during the months of April and November.

- Payment receipts pertaining to the examination are to be presented to the Secretary of the Dental Council of Trinidad and Tobago, **no later than**:
    - February 15th - for the April Examination
    - September 15th for the November Examination

  Fees will be refunded **ONLY if the candidate withdraws in writing from the examination **no later than one (1) month** before the examination.*

- Fees pertaining to malpractice coverage are payable to the Medical Protection Society (MPS) and collected by Mrs. Donna Miles, MPS representative. This fee is non-refundable.

- Candidates are required to bring proper photo and signature identification, along with their payment receipts to the examination sites.

- Stationery for all written examinations will be provided by the Dental Council of Trinidad and Tobago/Examination Board.

- The technical procedures, used in the Restorative Dentistry, Endodontic, Periodontic and Prosthodontic Examinations shall be as indicated in this manual. The specific materials used in the above mentioned examinations shall be the candidate's own choice, unless otherwise stated by the Examination Board. Satisfactory patient treatment is the criterion for acceptance of rejection of any method, procedure, or material used.

- In order for a patient to be acceptance for the clinical portion of the examination, each patient must have signed **documented** proof of consent form. Patients under the age of 18 must have written consent from a parent/guardian for the procedure(s). **The Medical History and Consent Forms (samples) are provided in your Candidate Information Booklet. They can be photocopied and are to be used for the clinical examinations.**

- The candidate may utilize the appropriate services of a chairside assistant in the treatment procedures involved in the examination; however a Dentist; a Dental Student or Dental Therapist (Dental Nurse) may not act as an assistant.

- Each candidate shall furnish their own handpieces and instruments. It is the responsibility of the candidate to ensure that the handpieces can be used on the units available at the examination site. All consumable materials will be provided to the candidates on the day(s) of the examination.

- Candidates are strongly advised to visit the centre (School of Dentistry, UWI) where the examination is to be held in order to familiarize themselves with the facilities available.
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- Candidates (or persons acting on their behalf) are **strongly advised** to **REFRAIN** from contacting ANY Examiners, members of the Dental Council or Examination Board **prior to, during or after** sitting their examination(s). Failure to comply will result in **AUTOMATIC FAILURE OF THE EXAMINATION**.

- The examination results will be forwarded to the Dental Council and thereafter, the candidate will be informed of the results.

- Due to the limited number of spaces for sitting any examination, priority will be assigned as follows:
    - Repeat Candidates
    - Trinidad and Tobago Nationals
    - Non-Nationals

- A candidate that has any type of impairment that would require special consideration **MUST** present this documented information, in writing to the Dental Council; **45 days prior** to the date of the examination.

All questions pertaining to the Dental Registration Board Examination should be raised a the Orientation Session or be addressed in writing directly to the Secretary, Dental Council of Trinidad and Tobago, 11-13 Fitzblackman Drive, Port of Spain, Trinidad West Indies.

Dress code for clinical examinations

Candidates are to depict a professional image which will enhance patient confidence and trust. This will also contribute to the professional image of the practice of Dentistry.

Well groomed, clean, appropriate attire and appearance is essential when there is patient contact. Jeans, sneakers, shorts and sandals are, not considered appropriate. Fingernails should be appropriately short and long hair tied back. Body piercings as in the case of lips, eyebrows, tongue and nostrils are prohibited.

Personal hygiene is of utmost importance when in close personal contact. The dress code for the clinical exercises must meet current infection control (universal precaution) guidelines. If in doubt, please ask.

These recommendations are to ensure that the patient's confidence and comfort are with you, the health care provider, and are not made with the intention to be personally intrusive.

Candidates are not allowed any of the following items in any of the examination site(s) whilst the examination is in progress (please note Reasons for Examination Failure):

- Cellular telephones, Smartphones, Wireless handheld devices, MP3's, IPOD's, IPAD's and/or any other related devices
- Pagers/beepers
- Other electronic communicating devices
- Bags, briefcases, purses, handbags, pocket books, shopping bags, etc.**
- Textbooks, E-books, manuals (either photocopied or commercially printed)

* The Dental Council **is not responsible** for securing any valuables or devices brought to the examination roms, therefore be guided accordingly and **leave your valuables at home**.

** Bags or boxes used to transport any equipment, instrumens and/or materials, **must be left outside ofthe examination rooms**.

The **only** written material allowed at the examination site, is the Candidate Manual and Candidate Information Booklet.

REASONS FOR EXAMINATION FAILURE - AT ANY POINT

Candidates may fail the **entire** examination at any time during the examination process for any of the following reasons:

- Contacting **ANY** Dental Council or Registraton Board members.
- Evidence of misrepresentation, dishonesty or collusion with any other candidate.
- Failure to turn in examination papers, X-rays or grading sheets.
- Failure to arrive **OR** Failure to start the examination **one (1) hour** after the listed starting time.
- Breach of **Examination Rule#6** by the candidate or any person in the examination room.

FORMAT OF THE BOARD EXAMINATION

The written examination in Dentistry (**SECTION A**) may be composed of either or structured matching questions and/or MCQs. The exact format for the written examinations for each sitting of the examination will be determined by the Board for examinations prior to the examination date. **Both Written and Clinical sections of this examination must be passed to be successful in the examination**. In order to proceed to the clinical part of the examination the candidate **MUST** pass the written component.

SECTION A - Written Examination

The Written Examinations will assess and test knowledge of:

1. Anatomical Identification
2. Physical Diagnosis, Treatment Planning and Medical Emergencies
3. Tooth Abnormalities
4. Preventive Dentistry
5. Pathology, Soft Tissue Abnormalities and Bone Abnormalities

BASIC SCIENCES

1. Anatomy, Dental Anatomy and Tooth Morphology
2. Histology and Microbiology
3. Pharmacology and Biochemistry
4. Pathology
5. Physiology

CLINICAL SCIENCES

1. Endodontics
2. Orthodontics

3. Pedodontics
4. Restorative Dentistry
5. Prosthodontics
6. Periodontics
7. Oral Medicine and Oral Surgery
8. Dental Materials
9. Radiography/Radiology

The first part of the written examination will consist of 100 Multiple Choice Questions (MCQ's) which may include the projection (or duplication) of color slides and/or radiographs of patients.

The pass mark for the written section is 65%.

CLINICAL EXAMINATION

The Clinical Examinations will cover the following disciplines and are referred to as SECTION B, C, D and E.

1. Periodontics
2. Restorative Dentistry
3. Prosthodontics
4. Endodontics

The performance of candidates in each of the actual Clinical Examination is graded in accordance with the "Guidelines in Grading". For each section of the Clinical Examinations the candidates are allowed a maximum of 3 hours. Extensions beyond 3 hours will result in automatic failure of that particular Section.

SECTION B - Clinical Examination Day 1

PERIODONTICS
The periodontal examination requires routine procedures to be done on a patient (i.e. full mouth periodontal charting and complete calculus removal on the indicated quadrant).

SECTION C - Clinical Examination Day 1

RESTORATIVE DENTISTRY
Each candidate must complete two restorative procedures that involve restoration with composite material. The cavity preparations that manages proximal decay on both an anterior and posterior tooth MUST be biologically driven

SECTION D - Clinical Examination Day 2

PROSTHODONTICS
This will examine the competency of the candidate in Fixed Prosthodontics. To be demonstrated on either typodont or stone model's furnished to the candidate by the Board. It

will be comprised of the preparation of a three (3) unit bridge (porcelain fused to metal retainers) and fabricaton of a three (3) unit provisional bridge.

SECTION E - Clinical Examination Day 2

ENDODONTICS
These procedures will be carried out on two (2) teeth). For the anterior tooth, the candidate will demonstrate access to canal(s) and establish working length(s), instrument and obturate. For the posterior tooth, the candidate will demonstrte access to canal(s). These procedures are to be completed on either an extracted tooth or on an Endodontic typodont model, furnished to the candidate.

RE-SIT POLICY/CANDIDATE'S PERFORMANCE ON THE EXAMINATION*

ALL SECTIONS OF THE EXAMINATION (WRITTEN AND CLINICAL) MUST BE PASSED TO BE SUCCESSFUL IN THIS EXAMINATION.

A candidate will have a maximum of **three (3)** attempts to successfully pass the Registration Examination in order to be eligible to be licensed a s a Dentist in Trinidad and Tobago.

A candidate who fails a maximum of **two (2)** sections of the examination will be required to repeat ONLY THOSE SECTIONS failed, at the next sitting of the Dental Registration Examination (**NOT** to exceed two consecutive examination sittings). If the candidate misses two consecutive examination sittings - the **ENTIRE** examination will have to be repeated.

The passing mark of the written examination (part A) may be kept for 2 years **ONLY** when any portion(s) of the clinical examination need to be repeated. If a lapse of more than 2 years have passed and the candidate is required to do 2 clinical sections the candidate **MUST** repeat the entire examination

The candidate, who upon utilizing the above option (i.e. taking a repeat examination of **one (1) or two (2) sections**) and **fails** either one or both sections **must repeat the entire examination**. The **Dental Council of Trinidad and Tobago will determine and notify accordingly** if the candidate can sit the examination at thenext sitting and will have to participate in some form of remediation before being allowed to repeat the Dental Registration Examination.

A candidate that fails **three (3)** sections of the examination WILL BE REQURIED TO REPEAT THE ENTIRE EXAMINATION AT THE NEXT SITTING OF THE DENTAL REGISTRATION EXAMINATION.

FAILURE TO PASS A FULL REPEAT EXAMINATION WILL RESULT IN THE CNADIDATE HAVING TO WAIT TWELVE (12) CALENDAR MONTHS FROM THE SECOND TAKING OF THE EXAMINATION TO MAKE ANOTHER ATTEMPT. IN ADDITION THE CANDIDATE WILL HAVE TO SHOW SOME EVIDENCE OF REMEDIAL WORK IN DENTISTRY AS RECOMMENDED AND APPROVED BY THE DENTAL COUNCIL OF TRINIDAD AND TOBAGO.

* **The Dental Council of Trinidad and Tobago is the responsible body for making the final determinations based on the candidate's performance.**

Candidates repeating examinations must sit the examination in its current form. A candidate that has to repeat a particular section(s) will **only** do the particular section(s). Modifications made to **any section** of the examination will apply, but if there was any section deleted, that section **will not** apply.

The Dental Profession Act of Trinidad and Tobago **DOES NOT PERMIT** persons who are not registered Dentists to practice Dentistry ***NOR*** can they work as a Dental Hygienists, Auxiliary Dental Officers (Dental Nurses/Therapists) or Dental Technicians, unless they were previously registered in these disciplines with the Dental Council of Trinidad and Tobago. **UNLESS LICENSED BY THE DENTAL COUNCIL OF TRINIDAD AND TOBAGO, CANDIDATES CAN NOT WORK AS A TEMPORARY LOCUM OR VOLUNTARY DENTIST**.

MATERIALS AND EQUIPMENT

The following materials and equipment are to be furnished by the candidate:

1. A #2 pencil (with a good eraser),

2. All necessary materials and instruments for the clinical sections of the examination, EXCEPT operating chair and unit.

All handpieces should be provided by the candidate. . All dental equipment, must be autoclaved and presented in sterilization bags at the examination site.

IT IS THE RESPONSIBILITY OF THE CANDIDATE TO UNDERSTAND THE OPERATIONS OF ALL EQUIPMENT AT THE EXAMINATION SITE.

CANDIDATES ARE REQUESTED TO TOUR THE FACILITY, SEE THE EQUIPMENT AND BECOME FAMILIAR WITH THE FACILITIES PRIOR TO THE EXAMINATION.

IF AT ANY TIME, DURING THE COURSE OF THE EXAMINATION A CANDIDATE REQUIRES ASSISTANCE OR IS IN DIFFICULTY, HE/SHE SHOULD NOTIFY AND CONFER WITHT THE SUPERVISOR OF THE EXAMINATION IMMEDIATELY, BEFORE CONTINUING WITH THE EXAMINATION.

PATIENT ACCEPTABILITY

In order for a patient(s) to be deemed acceptable for the clinical examination the candidate must insure that the patient satisfies the criteria. Failure to present an acceptable patient(s) will result in disqualification from the clinical portion(s) of the specific examination for which the patient was required.

PLEASE NOTE THAT **PATIENT SELECTION IS PART OF THE EXAMINATION**. UNACCEPTABLE PATIENT SELECTION WILL **ADVERSELY** AFFECT THE REMAINING TIME ALLOCATED FOR THAT PRAT OF THE EXAMINATION, AND **MAY LEAD TO FAILURE**.

Any person with a medical history of an infectious or communicable disease or a serious systemic condition, will not be allowed to sit as a patient for a candidate, unless they have a physician's statement, certifying that they are in a controlled non-infections or non-communicable state and that the proposed treatment does not pose a health hazard to the patient(s), the candidate or the examiners. In order to be accepted for treatment, patients must have an ASA 1 or II status.

Have a blood pressure reading of 159/94 mmHg or below to proceed without medical clearance. Patient with a blood pressure reading between 160/95 mmHg and 179/109 mmHg are accepted only with written clearance from the patient's physician. Patients with a blood pressure reading greater than 180/110 mmHg will not be accepted even if a consult from a physician authorizes treatment.

1. Candidates who are sharing a patient with a need for antibiotic prophylaxis must treat the patient the same day. Treatment of the same patient on subsequent clinical days will not be permitted.

2. No heart attack, stroke or cardiac surgery within the last six (6) months.

3. No active tuberculosis.

4. No chemotherapy treatment within the last six (6) months.

5. No history of taking IV or oral-administered biphosphonate medication.

6. No active incidence of biphosphonate osteonecrosis of the jaw (BON), also known as osteochemonecrosis or osteonecrosis of the jaw (ONJ).

7. No condition or medication/durg history that might be adversely affected by the length or natuer of the procedures.

8. No latex allergy.

9. Any "yes" response on the Medical History must be explored and could require a Medical Clearance from a licensed Physician and the finding could affect the patient's suitability for elective dental treatment during the examination.

Candidates must follow the American Heart Association or British Heart Association antibiotic premedication recommendations when treating a patient at potential risk of Infective Endocardditis following dental treatment.

Medical clearance, to include: A clearly legible statement from a licensed Physician written withing 30 days prior to the examination and on official letterhead stationary.

a. A positive statement of how the patient should be medically managed.
b. The Physician's name address and phone number clearly legible.
c. A telephone number whener the Physician may be reached on the day of the examination if a question arises regarding the patient's helath.

It is imperative that all patients sign their consent for treatment forms of the School of Dentistry and the North Central Regional Health Authority.

BACK-UP PATIENTS

It is strongly suggested that alternative patients be available and on call for all clinical procedures. In the event that the primary patient is refused by the Examiners of the Examination Board as not suitable, or fails to attend, the candidate may then be able to continue the examination using the back-up patient (once accepted).

COLLUSION POLICY

Any evidence of collusion, dishonesty or misrepresentation during the registration of candidates, or during the course of the examination(s), will **automatically result in failure** for the candidate. Re-examination of candidates failed for collusion, dishonesty or misrepresentation shall be denied pending inquiry and final decision by the Dental Council of Trinidad and Tobago.

CARDIO-PULMONARY RESUSCITATION (C.P.R.)

It is strongly recommended that all candidates be certified proficient in C.P.R.

EXAMINATION RULES

1. Before the start of the examination each candidate must furnish proof of their identity to the Chief Examiner and/or Supervisor of Examinations. This identification should consist of a recent photograph and signature of the candidate. EACH candidate will then be furnished with an identification number to be used ' by the candidate throughout the examination(s). Only the issued examination identification number shall be used.

2. The candidate will be given an examination booklet for the multiple choice questions.

3. The candidate will record the answer to each question on the answer sheet supplied for that purpose.

4. A #2 pencil (with a good eraser)

5. At the conclusion of the examination, all question booklets and answer sheets will be collected.

6. Books, papers, cellular phones, Smartphones, beepers or other extraneous materials will not be allowed where the examinations are being conducted.

7. All instruments and handpieces being used for the purposes of these examinations must be sterilized.

8. The Board will not provide patients for the examination. It is the candidates' responsibility to source their own patients for the examination.

9. Each clinical examination must be completed during the indicated time session.

CLINICAL EXAMINATIONS

GENERAL INFORMATION

Each candidate is responsible for supplying the patient(s) for the Restorative and Periodontics examinations. With each patient the candidate must also supply:

1. A **completed** Medical and Dental Hisotry Form.
2. A **signed** consent for treatment form by each patient.
3. A **completed** Grading Form for **each** Examiner for each discipline tested (i.e. three (3) Grading Forms for the Class II and Class III Preparation, Finish, etc.)
4. Evidence of malpractice insurance coverage for the patients for whom the consent for treatment by candidate was obtained.
5. Appropriate handpieces, burs and instruments to complete the clinical examination(s) ***is the responsibility of the candidate***. The candidate should make arrangements to secure all items for the exam, in andvance.

PERIODONTICS

This examination consists of the following:

1. The candidate will be required to provide a patient with clinical evidence of at least moderate Periodontitits i.e. pocket depth 3mm to 5mm or greater. The patient must also have significant and demonstrable subgingival calculus in the segment selected for approval by the Examiner.

2. The candidate must be prepared to perform the therapeutic procedures outlined below on a segment of the mouth that is acceptable to the Examiner.

3. The segment shall consist of a minimum of six (6) natural teeth in the same quadrant, including four (4) posterior teeth, with a 'minimum' of 3mm to 5mm pocket depths. At least two of these posterior teeth must be in proximal contact.

4. The patient shall have received no periodontal treatment in the selected segment for a period of, at least, six (6) months prior to the examination.

5. A mounted completed series of periapical and bite-wing radiographs of the patient will be required. To be acceptable, these radiographs must be of diagnostic quality. Panoramic films will not be acceptable for this section of the examination. These radiographs should have been taken within the past six (6) months.

6. The candidate MUST also present a Periodontal diagnosis, history and appropriate periodontal charting as per current periodontal guidelines for the patient. This should be completed prior to the examination. This periodontal assessment MUST be done by the candidate not longer than 6 weeks prior to the examination date.

7. Approval by an Examiner of the segment selected by the candidate is required. The therapeutic exercise will consist of root surface debridement using both hand and powered scalers. The candidate will be evaluated on the following:

    a) The adequacy of medical and dental history, e.g. identification of any oral tissue diseases and abnormalities.
    b) The accuracy of radiographic findings, e.g. periapical pathology.
    c) The ability to accurately measure periodontal pocket depths.
    d) The ability to demonstrate an acceptable method of determining mobility.
    e) The ability to select and control instruments used in the diagnostic and therapeutic exercises.
    f) The ability to accurately diagnose periodontal disease and abnormalities.
    g) The ability to establish a treatment plan appropriate to the periodontal pathology found in the patient's mouth.
    h) The ability to appropriately manage the patient and to control pain and bleeding.
    i) The cleanliness and neatness of equipment, person performance.

8. At the completion of the therapeutic exercise the candidate will be evaluated on the following:
    a) The ability **to thoroughly remove calculus deposits**, leaving the tooth surface smooth (supra and sub-gingival).
    b) The ability to perform the therapy without tissue mutilation.

RESTORATIVE DENTISTRY

Each candidate is responsible for supplying the following:

A mounted set of **Four Bitewings** (taken within the last **two months**) and Evidence of good periodontal health. The following procedures will be performed:

1. The candidate will be graded on the adequacy and correctness of the completed Medical and Dental History Forms and recognition of significant facts in the history, which might alter or affect the treatment plan for the patient.

2. The candidate will record and indicate the name and type of administration of the local anaesthetic used during the restorative procedure, and the amount for each individual patient.

3. The candidate must complete two (2) composite restorations, which involve different manipulative procedures:

- An Composite self -retentive slot preparation on a proximal surface of a posterior tooth.
- A Composite performed on a proximal surface of an anterior tooth.

CANIDATES ARE EXPECTED TO MAKE <u>CORRECT</u> USE OF THE RUBBEDR DAM DURING THE COURSE OF THE RESTORATIVE EXAMINATIONS.

4. Radiographs utilized during the clinical performance, with he exception of the complete mouth series or panoramic radiograph must be submitted at the conclusion of the restorative procedures to the Supervisor of Examinations. All films must be appropriately mounted and identified with the following: tooth number, type of restoration, the patient's name and the CANIDATE'S I.D. NUMBER.

THREE EXAMINERS WILL CHECK THE CANIDATE'S PERFORMANCE AT THE FOLLOWING STAGES FOR THE CAVITY PREPARATIONS.

- The initial check before the start of the preparation of the cavity.
- The completed ideal cavity preparation before a lining and/or matrix band is placed. Candidates are required to request modifications of preparations **BEFORE the Examiners see the ideal preparation**) if they realize that caries is still present after ideal preparation is completed.) Slot preparations are acceptable for examinations purposes.
- The completed restoration for final grading.

All candidates will observe the following rules:

a) Preparations should be performed utilizing the basic principles of cavity preparation.

b) Make use of the rubber dam, during the course of the restorative examination.

c) The procedures must be performed on a vital tooth.

d) The carious lesion must be clinically demonstrable **<u>and</u>** the lesion must be evident by radiographic examination that have penetrated the dentino-enamel junction.

e) The carious lesion must show no signs of previous excavation. Teeth previously restored are not acceptable.

f) The teeth adjacent to the one being restored must be sound or previously restored in order to assess proper contact.

g) If a MOD restoration is to be inserted, both proximal surfaces must present untreated carious lesions, **and the tooth must be in occlusion with the opposing arch**.

h) The posterior composite restoration must be in contact on **both** proximal surfaces and the composite must be in occlusal contact **with the teeth in the opposing arch**.

i) If a liner is indicated, a request must be made for an Examiner to see the preparation after the caries has been removed and before the cement has been inserted. The Examiner(s) must then also view the final placement of the cement base.

j) The anterior composite will be performed on a previously un-restored surface. The procedure must be performed on a permanent central or lateral incisor. The tooth to be restored must have contact with a natural tooth on the restored side and must be in occlusion.

- If a cavitated lesion is present on the tooth to be restored (but on another surface), **it must be restored <u>prior</u> to the examination.**
- The area (lesion) to be restored must **also** be in contact with he opposing dentition.
- Visually closed contact with the adjacent tooth on the proximal surface to be restored must be evident.

k) Use of a mechanical separator requires an Examiner's permission.

l) The Examiner(s) must initial the procedure sheet in the spaces indicated.

PROSTHODONTICS

Instructions to the candidate:
This examination is a bench top 'procedure to assess the knowledge of Dental Anatomy and Fixed Prosthodontics without the aid of a commercial lab, and must be completed on one session and will consist of the following:

1. The preparation of two (2) abutments for a 3 - unit Porcelain fused to Metal Bridge (PFM).
2. The fabrication of a temporary 3 unit bridge, with a modified ridge lab pontic design and supragingival margins (1 mm above the gingival).
3.. A stent will be provided to make a provisional fixed bridge.

The candidate will provide the following:

Burs - appropriate for cutting the preparation of the bridge fabrication of the provisional bridge and

Polishing materials - necessary to ensure the finish of the bridge (as would be expected if provided for patient use).

Articulating paper - to check the final occlusion.

The following areas will be examined for grading purposes:

1. Path of insertion (draw) of the bridge.
2. Neatness of the prepared abutment teeth.
3. Neatness of the final temporary bridge.
4. Finish margins of the abutment teeth and bridge.
5. Under or over preparation of the abutment teeth.
6. Damage to adjacent teeth or gingival margins.
7. Inadequate bride retention.
8. Excessive occlusal/axial reduction.

ENDODONTICS

Instructions to the candidate:

This examination must be completed in one session (one morning) and will consist of the following:

1. This will be a bench top procedure to assess the knowledge of Anatomy and Endodontic therapy without the aid of electronic equipment.

2. The candidate will not need to provide a patient as he/she will be given a typodont model, mounted on a manikin) on which to operate. One (1) for the anterior tooth and one (1) for the posterior tooth.

3. The candidate will need to take the radiographs. Mounted, hand held teeth (one anterior tooth and one posterior tooth) will be provided.

4. During the Examination, the candidate will be evaluated on:

a) Knowledge of the anatomy of teeth.
b) The ability to make the ideal access to the canal.
c) Knowledge and the ability to instrument the canal(s).
d) The ability to use a specific methodology with gutta percha.
e) The accuracy of measurement determination of canals.
f) The ability to accurately root-fill the canals with gutta percha.
g) Cleanliness and organizational ability during the examination.

5. At the completion of the examination, the candidate will be evaluated on:
   a) His/Her ability to complete the procedure without un-necessary damage to the tooth, adjacent teeth, and supporting structures.
   b) The sealing of the access canal.
   c) Ideal access opening and outline form into the canal(s) – posterior tooth only).

PERIODONTICS – RESTORATIVE DNETISTRY – PROSTHODONTICS – ENDODONTICS

Candidates are encouraged to go over the following forms to become familiar with the criteria that will be used for the grading of the clinical examinations

Candidates that are unsuccessful in any portion of the Clinical Examination may be provided with feedback on performance, but only on Request.

Please read the following forms on the disciplines you will be tested on, so that you will be familiar with what the Examiners are looking for during the clinical examination section.

<u>Reasons for failure on the clinical examination</u>

- **One (1) Critical Deficiency areas or**
- **Two (2) Marginally Substandard areas, equals a failure in the individual clinical section.**

PERIODONTAL EXAMINATION
Patient Selection

SATISFACTORY

1. **The Treatment Consent Form, Medical History, Progress Form and Evaluation Form are complete, accurate and current.**
2. **Both systolic and diastolic blood pressure are less than or equal to 159/92 – OR – systolic and diastolic blood pressure are between 160/95 and 179/109 WITH a written consult from a physician authorizing treatment during the examination.**
3. **Radiographs are of diagnostic quality, reflect the current clinical condition of the mouth, the periapicals exposed within three (3) years and four bitewings within six (6) months and are properly mounted with exposure date and patient's name.**
4. **The Calculus Detection portion of the Evaluation Form is properly completed, indicating:**
   - **6-8 teeth selected each with at least one surface of calculus charted.**
   - **At least three (3) of the selected teeth are posteriors (molars, premolars) including at least on molar. All posterior teeth must have at least one approximating tooth within 2mm distance.**
   - **Exactly twelve (12) surfaces of subgingival calculus charted, including at least three (3) surfaces of interproximal calculus on molars/premolars.**
   - **At least eight (8) of the surfaces are on canines, premolars or molars (no more than 4 surfaces on incisors).**
   - **Three (3) pockets of 4mm+/- 1mm or more in depth, each on a different tooth within the 6-8 teeth selected for treatment.**
   - **At least 1 anterior and 1 posterior tooth are available for sulcus/pocket depth measurement assignment (other than selected teeth).**

MINIMALLY ACCEPTABLE

1. **The Treatment Consent Form is incorrect or not signed by patient*.**
2. **The Medical History is incomplete*, missing candidate initials*, patient signature*, or has slight inaccuracies which do not endanger patient or change the treatment.**
3. **The Progress Form has inaccuracies or is incomplete or missing*.**
4. **Blood pressure has not been taken or is not recorded* but upon correction meets criteria listed under Satisfactory.**
5. **Radiographs are available but not submitted with the patient for initial evaluation***.**
6. **The Calculus Detection portion of the Evaluation Form has not been filled out or on first submission is filled out incorrectly demonstrating:**
   - **fewer than 6 or more than 8 selected teeth, and/or**
   - **fewer than 3 molars or premolars are included (or no molar) and/or no approximating tooth within 2mm of one or more of the selected posterior teeth and/or**
   - **one or more selected teeth without any surfaces of calculus charted, and/or**
   - **more or less than 12 surfaces of interproximal calculus on molars and/or premolars, and/or more than 4 surfaces or subgingival calculus on incisors**; and/or**

- **3 separate teeth and/or surfaces not indicated for Pocket Depth Qualification; and/or one or more of the teeth are outside the treatment selection**.**

***** **Records and patient must be sent back to the candidate with an Instruction to Candidate requesting correction. (If Evaluation Form is completed correctly, it is retained.**

****** **Records and patient and a second Evaluation Form are sent back to the candidate with Instruction to Candidate requesting correction.**

******* **Instruction to Candidate is sent requesting radiographs.**

PATIENT EXAMINATION
Patient Selection - Continued

MARGINALLY SUBSTANDARD

1. **Medical History has inaccuracies which do not endanger the patient but do change the treatment or require further explanation by candidate. A second submission of incomplete and/or incorrect Periodontal Progress Form or Evaluation Form*.**
2. **Radiographs are of poor diagnostic quality and/or do not meet all of the criteria under Satisfactory.**
3. **Of the three (3) teeth indicated with pocket measurements of 4 mm or more in depth, only 2 teeth are found to have measurements of 4 mm or more and/or one or more of these teeth are outside the treatment selection on the second submission.**

***** **Records and patient are sent back to the candidate with an Instruction to Candidate for correction. If Evaluation Form is completed correctly, it is retained in the Evaluation Station.**

CRITICAL DEFICIENCY

1. **Medical History has inaccuracies or indicates the presence of conditions which DO endanger the patient, candidate and/or examiners (Periodontal Examination is stopped). A second submission of incomplete and/or incorrect Patient Consent Form or Medical History.**
2. **Systolic and/or diastolic blood pressure is between 160/95 mmHg and 170/109 mmHg WITHOUT a written consult from a physician authorizing treatment – OR – blood pressure is 180/110 mmHg or greater even with a written consult from a physician authorizing treatment.**
3. **Radiographs are of unacceptable diagnostic quality and/or are missing and not available on request. (Periodontal Examination is stopped).**
4. **One anterior tooth and one posterior tooth are NOT available for sulcus pocket depth measurement assignment (other than the 6-8 teeth selected for treatment). Of the three teeth indicated with sulcus/pocket measurements of 4mm or more in depth, less than 2 teeth are found to have pockets of 4mm or more upon measurement.**

PERIODONTAL EXAMINATION
Tissue and Treatment Management

SATISFACTORY

1. **The patient has adequate anaesthesia for pain control, is comfortable and demonstrates no evidence of distress or pain.**
2. **Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted soft or hard tissue trauma occurs as a result of the scaling and polishing procedures.**
3. **All surfaces free from subgingival calculus in the selected approved quadrant.**
4. **All teeth free from plaque, supragingival calculus and stains in the selected approved quadrant.**

MINIMALLY ACCEPTABLE

1. **There is slight soft tissue trauma that is consistent with the procedure**

MARGINALLY SUBSTANDARD

1. **There is inadequate anaesthesia for pain control. (The patient is in obvious distress or pain).**
2. **There is minor soft tissue trauma that is inconsistent with the procedure. Soft tissue trauma may include, but not be limited to, abrasions, lacerations or ultrasonic burns.**
3. **There is minor hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasions that do not require additional definitive treatment.**
4. **Subgingival calculus present on 2-4 surfaces of the selected treatment quadrant**
5. **Supragingival calculus on 1-2 teeth in selected treatment quadrant.**

CRITICAL DEFICIENCY

1. **There is major damage to the soft and/or hard tissue that is inconsistent with the procedure and pre-existing condition. This damage may include, but not be limited to, such trauma as:**
   - **Amputated papillae**
   - **Exposure of the alveolar process**
   - **A laceration or damage that requires suturing and/or periodontal packing.**
   - **One or more ultrasonic burns that require follow up treatment.**
   - **A broken instrument tip is evident in the sulcus or soft tissue.**
   - **Root surface abrasions that require additional definitive treatment.**

2. **Subgingival calculus present on four (4) or more surfaces in the quadrant selected for treatment.**
3. **Plaque or stains on four (4) or more teeth in the selected quadrant.**

ENDODONTIC BENCH TOP PROCEDURES
Treatment Management

SATISFACTORY

1. **The adjacent teeth and/or restorations are free from damage.**
2. **The simulated gingival and/or typodont is/are free from damage.**

MINIMALLY ACCEPTABLE

1. **Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.**
2. **There is slight damage to simulated gingival and/or typodont consistent with the procedure.**

MARGINALLY SUBSTANDARD

1. **Damage to adjacent tooth/teeth requires recontouring which changes the shape and/or position of the contact.**
2. **There is iatrogenic damage to the simulated gingival and/or typodont inconsistent with the procedure.**

CRITICAL DEFICIENCY

1. **There is gross damage to adjacent tooth/teeth which requires a restoration.**
2. **There is gross iatrogenic damage to the simulated gingival and/or typodont inconsistent with the procedure.**

ANTERIOR ENDODNTIC PROCEDURE
Access Opening

SATISFACTORY

1. **The size and placement of the access opening reflects the positon of the pulp chamber and allows for complete debridement of the pulp chamber and straight-line access to the root canal system.**
2. **The access opening is in the middle one-third of the lingual surface mesiodistally and incisogingivally.**
3. **From the lingual surface to the cervical portion, the internal form tapers to the canal opening with no ledges.**
4. **All pulp horns are removed through the access opening.**
5. **There is no reduction of the crown.**

MINIMALLY ACCEPTABLE

1. **The size and placement of the access opening is not directly over the pulp chamber, but allows for debridement of the pulp chamber and straight-line access to the root canal system.**
2. **The size and placement of the access opening is not consistent with the** *Satisfactory* **but is not less than one-fourth or greater than one-half of the lingual surface, and does not weaken the marginal ridges or incisal edge.**
3. **From the lingual surface to the cervical portion, the internal form tapers to the canal opening with slight ledges.**
4. **Pulp horns are not fully removed through the access opening.**

MARGINALLY SUBSTANDARD

1. **The size and placement of the access opening is not over the pulp chamber, and hinders complete debridement of the pulp chamber or does not allow straight-line access to the root canal system.**
2. **The access opening is less than one-fourth or greater than one-half the width of the lingual surface, of the access opening weakens the marginal ridge(s). The access encroaches on, but does not include, the incisal edge.**
3. **The internal form lacks taper to the canal orifice(s), gouges are present that do not affect access to the canal orifice.**
4. **Pulp horns are not entered.**

CRITICAL DEFICIENCY

1. **The size and placement of the access opening is not over the pulp chamber, and does not allow complete debridement of the pulp chamber or access to the root canal system.**
2. **The access opening includes the marginal ridge(s) and/or the incisal edge. The access opening is so small that debridement of the pulp chamber is impossible. The canal orifice is not accessed. The anterior crown is fractured due to excessive access preparation.**

3. **The internal form exhibits excessive ledging or gouges that do not allow access to the canal orifices.**
4. **Reduction of the crown has been performed.**

ANTERIOR ENDODONTIC PROCEDURE
Canal Instrumentation

SATISFACTORY

1. **The cervical portion of the canal is enlarged facial-lingually and mesio-distally to allow access to the apical portion of the canal.**
2. **The mid-root portion of the canal does not blend smoothly with the cervical portion, but no ledges or shoulders exist.**
3. **The apical portion is instrumented within 0.5 to 1.0mm of the anatomical apex.**

MINIMALLY ACCEPTABLE

1. **The cervical portion of the canal is too small and makes access to the apical portion of the canal difficulty.**
2. **The mid-root portion of the canal does not blend smoothly with the cervical portion, but no ledges or shoulders exist.**
3. **The apical portion of the canal is prepared to the anatomical apex, or the apical portion of the canal is prepared more than 1.0mm but less than 2.0mm short of the anatomical apex.**

MARGINALLY SUBSTANDARD

1. **In the cervical portion, the canal is over or under prepared.**
2. **The mid-root portion of the canal does not blend with the cervical region of the canal and/or ledging or shoulders are present that will inhibit canal obturation.**
3. **The apical portion of the canal is under prepared 2mm to 3mm short of the anatomical apex.**
4. **The mid-root or apical portion of the canal is transported, but the apical portion still blends with the anatomical apex.**

CRITICAL DEFICIENCY

1. **The cervical portion of the canal is grossly over prepared and/or perforated.**
2. **The mid-root portion of the canal is perforated and/or has gross shoulders or ledges that will prevent canal obturation.**
3. **The apical portion of the canal is over prepared and instrumented beyond the anatomical apex or is under prepared more than 3mm from the anatomical apex.**
4. **The apical portion of the canal is transported and there is a perforation of the root.**
5. **The root is fractured during root canal instrumentation.**

POSTERIOR ENDODONTIC PROCEDURE
Access Opening ONLY

SATISFACTORY

1. **The placement of the access opening reflects the position of the pulp chamber and allows for complete debridement of the pulp chamber or straight-line access to the root canal system.**
2. **The access opening is of optimal size (confined to the mesial triangular pit and central fossa of the tooth, up to but not including the mesial buccal cusp tip so that the marginal ridge, oblique ridge and all other cusps are supported by dentin) and allows for complete debridement of the pulp chamber without ledges remaining.**
3. **The internal form tapers to the canal opening with no ledges.**
4. **All pulp horns are removed through the access opening.**
5. **The candidate should be able to identify all orifices of all major canals are easily identifiable**
6. **There is no reduction of the crown.**

MINIMALLY ACCEPTABLE

1. **The placement of the access opening is not directly over the pulp chamber, but allows for debridement of the pulp chamber and straight-line access to the root canal system.**
2. **The access opening is in the mesial triangular pit and central fossa of the tooth but infringes on the mesial marginal ridge leaving less than 3mm but not less than 2mm; infringes on the oblique ridge leaving not less than 1mm thickness. The access opening is overextended up to 1mm short of the mesial lingual and/or distal buccal cusp tips. The access opening is overextended to include the mesial buccal cusp tip but does not extend beyond the occlusal table. The access opening allows for complete debridement of the pulp chamber and the cusps and/or marginal ridges have dentinal support.**
3. **The internal form tapers to the canal opening with slight ledges.**
4. **The orifices of the major canals are not easily identifiable by the candidiate**
5. **Pulp horns are not fully removed through the access opening.**

MARGINALLY SUBSTANDARD

1. **The placement of the access opening is not over the pulp chamber, and hinders complete debridement of the pulp chamber or does not allow straight-line access to the root canal system.**
2. **The access opening is in the mesial triangular pit and central fossa of the tooth but infringes on the mesial marginal ridge leaving less than 2mm but not less than 1mm; infringes on the oblique ridge leaving less than 1mm thickness without complete obliteration of the ridge. The access opening is overextended to include the cusp tips of the mesial lingual and/or distal buccal cusps but does not extend beyond the occlusal table. The access opening is overextended including the mesial buccal cusp tip and extends up to 1mm beyond the occlusal table. The access is too small preventing complete debridement of the pulp chamber.**

3. **The internal form lacks taper to the canal orifice(s), gouges are present that do not affect access to the canal orifices.**
4. **Orifices of the major canals cannot be seen.**
5. **Pulp horns are not entered.**

CRITICAL DEFICIENCY

1. **The placement of the access opening is not over the pulp chamber, and does not allow complete debridement of the pulp chamber or straight-line access to the root canal system.**
2. **The access opening extends beyond the mesial triangular pit and central fossa of the tooth and undermines the mesial marginal ridge leaving less than 1mm thickness; undermines and/or completely obliterates the oblique ridge. The access opening is overextended to include the cusp tips of the mesial lingual and/or distal buccal cusps and extends beyond the occlusal table. The access opening is overextended including the mesial buccal cusp and extends greater than 1mm beyond the occlusal table. The access opening is under extended so that debridement of the pulp chamber is impossible or one or more canal orifices are not accessed.**
3. **The pulp chamber not entered.**
4. **The internal form exhibits excessive ledging or gouges that do not allow access to the canal orifices and/or perforation and/or pulp chamber is not entered.**
5. **Reduction of the crown has been performed.**

ANTERIOR ENDODONTIC PROCEDURE
Root Canal Obturation

SATISFACTORY

1. **The root canal is obturated with gutta percha 1.0mm or less from the apical foramen.**
2. **There is less than 1.0mm of sealer extruded beyond the apical foramen.**
3. **There are no voids in the gutta percha from the CEJ to the apical foramen.**
4. **There is no evidence of a separated file.**

MINIMALLY ACCEPTABLE

1. **The root canal is obturated with gutta percha 1.5mm from the apical foramen or up to 0.5mm beyond the apical foramen.**
2. **There is more than 1.0mm of sealer extruded beyond the apical foramen.**
3. **The apical 1/3 of the gutta percha in the root canal is dense and without voids.**
4. **The gutta percha in the root canal is 1.0mm to 2.0mm short of the CEJ.**
5. **Gutta percha and/or scaler is evident in the pulp chamber extending up to 1mm above the CEJ.**
6. **A file is separated in the root canal, but does not prevent the obturation of the root canal.**

MARGINALLY SUBSTANDARD

1. **The root canal is obturated with gutta percha more than 1.5mm but no more than 2.0mm short of the apical foramen. The root canal is obturated with gutta percha greater than 0.5mm but no more than 1.5mm beyond the apical foramen.**

2. **There are significant voids throughout the obturation of the root canal.**
3. **The gutta percha in the root canal is more than 2.0mm but less than 3.0mm short of the CEJ.**
4. **Gutta percha and/or sealer is evident in the pulp chamber extending greater than 1mm, but no more than 2mm above the CEJ.**
5. **A file is separated in the root canal, but allows obturation of the root canal which is marginally substandard.**

CRITICAL DEFICIENCY

1. **The root canal is obturated with gutta percha more than 1.5mm but no more than 3.0mm short of the apical foramen. The root canal is obturated with gutta percha greater than 1.5mm beyond the apical foramen.**
2. **There are large voids throughout the obturation of the root canal, there is no gutta percha present in the root canal, or a material other than gutta percha was used to obturate the canal.**
3. **The gutta percha in the root canal is more than 3.0mm short of the CEJ.**
4. **A file separated in the root canal, and prevents the obturation of the root canal which is critically deficient.**
5. **There is restorative material present in the pulp chamber.**
6. **The root is fractured during root canal obturation.**

PORCELAIN FUSED-TO-METAL CROWN PREPARATION
Cervical Margin and Draw

SATSIFACTORY

1. **The margins should be 0.5mm occlusal to the CEJ or simulated free gingival margin, whichever is most occlusal.**
2. **The cervical margin is smooth, continuous, well defined.**
3. **The cervical bevel, when used, is 0.5 to 1mm in width and is well-defined.**
4. **The appropriate path of insertion varies less than 10º from parallel to the long axis of the tooth on all axial surfaces and a line of draw is established.**

MINIMALLY ACCEPTABLE

1. **The cervical margin is at the level of or no more than 1mm occlusal to the CEJ or simulated free gingival margin, whichever is most coronal.**
2. **The cervical margin is continuous but slightly rough and lacks some definition.**
3. **The cervical bevel, when used, is greater than 1mm but does not exceed 1.5mm, and lacks some definition.**
4. **The path of insertion/line of draw deviates 10º to less than 20º from the long axis of the tooth.**

MARGINALLY SUBSTANDARD

1. **The cervical margin is overextended 0.5mm below the CEJ or the crest of the simulated free gingival margin, whichever is most occlusal.**
2. **The cervical margin is under extended, more than 1mm but no more than 1.5mm occlusal to the CEJ or the crest of the simulated free gingival margin, whichever is most occlusal.**
3. **The cervical margin has some continuity, is significantly rough and is poorly defined.**
4. **The cervical bevel, when used, is less than 0.5mm or greater than1.5mm, but does not exceed 2mm, and has very poor definition.**
5. **The path of insertion/line of draw deviates 20º to less than 30º from the long axis of the tooth.**

CRITICAL DEFICIENCY

1. **The cervical margin is overextended more than 0.5mm below the simulated free gingival margin causing visual damage to the typodont.**
2. **The cervical margin is under extended more than 1.5mm above the simulated free gingiva margin or CEJ, whichever is more coronal, and thereby compromising esthetics, resistance and retention form.**
3. **The cervical margin has no continuity and/or definition.**

4. **The cervical bevel, when used, has no continuity or is greater than 2.0mm, and has no definition.**
5. **The path of insertion/line of draw is grossly unacceptable, deviating 30º or more from the long axis of the tooth.**

PORCELAIN FUSED TO METAL CROWN PREPARATION
Walls, Taper and Shoulder

SATISFACTORY

1. **Axial tissue removal is optimally 1.5mm to be sufficient for conveniences, retention and resistance form.**
2. **Walls are smooth and well-defined, no undercuts.**
3. **There is full visual taper (6º - 8º).**
4. **The facial shoulder is optimally 1.5mm wide.**
5. **Reduction of the occlusal wall is optimally 2mm.**
6. **Internal line angles and cusp tips are rounded.**
7. **The general occlusal anatomy is maintained.**

MINIMALLY ACCEPTABLE

1. **The axial tissue removal deviates no more than + 0.5mm from optimal.**
2. **The walls are slightly rough and lack some definition.**
3. **Taper is present, but nearly parallel (<6º) or slightly excessive (>8º - 12º per wall).**
4. **The facial shoulder varies slightly in width, but deviates no more than +/-0.5mm from ideal.**
5. **Occlusal reduction deviates no more than +0.5mm from optimal.**
6. **Internal line angles and cusp tip areas are not completely rounded and show a slight tendency of being sharp.**

MARGINALLY SUBSTANDARD

1. **The axial tissue removal is over-reduced or under-reduced, but deviates no more than +1mm from the optimal.**
2. **The axial walls are rough.**
3. **There is no taper or excessive taper (>12º - 16º per wall).**
4. **The facial shoulder varies slightly in width, but deviates no more than +/-1mm from ideal.**
5. **Occlusal reduction deviates no more than +1mm from optimal.**
6. **The internal line angles and cusp tip areas show only minimal evidence of rounding with a greater tendency of being sharp.**
7. **The occlusal anatomy is flat.**

CRITICAL DEFICIENCY

1. **The axial tissue removal is grossly over-reduced or under-reduced. The reduction is less than 0.5mm or greater than 2.5mm.**
2. **The taper is grossly over-reduced (>16º per wall).**

3. **There is an undercut.**
4. **The facial shoulder is less than 0.5mm or more than 2.5mm in width.**
5. **The occlusal wall is grossly over-reduced , greater than 3mm, encroaching on the pulp and impacting resistance and retention form; or grossly under-reduced, less than 0.5mm, resulting in insufficient occlusal clearance for adequate porcelain material.**
6. **The internal line angles or cusp tip areas are excessively sharp with no evidence of rounding.**

POSTERIOR COMPOSITE PREPARATION
Treatment/ Management

SATISFACTORY

1. **The isolation dam is adequate to isolate sufficient teeth for visibility and accessibility and has no debris, salivary or haemorrhagic leakage into the preparation. This would include isolation of the treated tooth and both proximal adjacent teeth, if possible.**
2. **The patient has adequate anaesthesia for pain control.**
3. **The adjacent teeth and/or restorations are free from damage.**
4. **The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.**

MINIMALLY ACCEPTABLE

1. **Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.**

MARGINALLY SUBSTANDARD

1. **The isolation dam is inappropriately applied, torn and/or leaking, resulting in debris, saliva and/or haemorrhage, rendering the preparation unsuitable for evaluation or the subsequent manipulation of the restorative material.**
2. **There is inadequate anaesthesia for pain control.**
3. **Damage to adjacent tooth/teeth requires recontouring which changes the shape and/or contour and/or contact.**
4. **There is iatrogenic soft tissue damage that is inconsistent with the procedure.**

CRITICAL DEFICIENCY

1. **There is gross damage to adjacent tooth/teeth which requires a restoration.**
2. **There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.**

POSTERIOR COMPOSITE - FINISHED RESTORATION
Margin Integrity and Surface Finish

SATISFACTORY

1. **No marginal excess or deficiency is detectable at the restoration – tooth interface either visually or with the time of an explorer. There is no evidence of voids or open margins.**
2. **The surface of the restoration is uniformly smooth and free of pits and voids.**
3. **There is no evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.**

MINIMALLY ACCEPTABLE

1. **There is a detectable marginal excess or deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is no greater than 0.5mm. There is no evidence of pits and voids at the cavosurface margin.**
2. **The surface of the restoration is slightly grainy or rough, but is free of significant pits and voids.**
3. **There is <u>minimal</u> evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty)**

MARGINALLY SUBSTANDARD

1. **A marginal excess or deficiency is detectable visually or with the tine of an explorer, and the discrepancy is more than 0.5mm and up to 1mm, which can include pits and voids at the cavosurface margin.**
2. **The surface of the restoration is rough and exhibits surface significant irregularities, pits or voids.**
3. **There is evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty)**

CRITICAL DEFICIENCY

1. **There is evidence of marginal excess or deficiency of more than 1mm, to include pits and voids at the cavosurface margin and/or there is an open margin.**
2. **The restoration is fractured.**
3. **There is gross <u>enameloplasty</u> resulting in the exposure of dentin.**

POSTERIOR COMPOSITE- PREPARATION
External Outline Form

SATISFACTORY

1. **Contact is visibly open proximally and gingivally up to 0.5mm.**
2. **The gingival floor is flat, smooth and perpendicular to the long axis of the tooth.**
3. **Cavosurface margins are 45º**
4. **The outline form includes all carious and non-coalesced fissures, and is smooth, rounded and flowing.**
5. **The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. There is no degree of decalcification on the gingival margin.**

MINIMALLY ACCEPTABLE

1. **Contact is visibly open proximally, and proximal clearance at the height of contour extends beyond 0.5mm but not more than 1.5mm on either one or both proximal walls.**
2. **The gingival clearance is greater than 0.5mm but not greater than 2mm.**
3. **The cavosurface margin deviates from 45º but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel.**

MARGINALLY SUBSTANDARD

1. **The gingival floor and/or proximal contact is not visually open; or proximal clearance at the height of contour extends beyond 1.5mm but not more than 2.5mm on either one or both proximal walls.**
2. **The gingival clearance is greater than 2mm but not more than 3mm, or is not visually open.**
3. **The outline form is inappropriately overextended so that it compromises the remaining marginal ridge and/or cusp(s). The outline form is under extended and non-coalesced fissure(s) remain which extend to the DEJ and are contagious with the outline form.**
4. **The isthmus is less than 1mm or greater than the intercuspal width.**
5. **The proximal cavosurface margin deviates from 45º, and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).**
6. **The cavosurface margin does not terminate in sound natural tooth structure; or, there is explorer penetrable decalcification remaining on the cavosurface margin, or the cavosurface margin terminates in previous restorative material.**

CRITICAL DEFICIENCY

1. **The proximal clearance at the height of contour extends beyond 3mm on either one or both proximal walls.**
2. **The gingival clearance is greater than 3mm.**
3. **The isthmus is greater than ½ the intercuspal width.**
4. **The outline form is overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge to the extent that the pulpal-occlusal wall is unsupported by dentin or the width of the marginal ridge is 1mm or less.**

POSTERIOR COMPOSITE- FINISHED RESTORATION
Treatment Management

SATISFACTORY

1. **The patient demonstrates no post-operative discomfort that is inconsistent with the procedure.**
2. **The adjacent and/or opposing hard tissue is free from evidence of damage and/or alteration.**
3. **The soft tissue is free from damage or there is soft tissue damage consistent with the procedure.**

MINIMALLY ACCEPTABLE

1. **Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.**

MARGINALLY SUBSTANDARD

1. **The patient demonstrates discomfort inconsistent with the procedure.**
2. **Adjacent and/or opposing hard tissue shows evidence of damage and/or alteration inconsistent with the procedure.**
3. **There is iatrogenic trauma to the soft tissue inconsistent with the procedure.**
4. **The axial tissue is over-reduced or under-reduced, and deviates more than 0.5mm but no more than ±1mm from optimal.**
5. **The axial walls are rough.**
6. **There is no taper or excessive taper (>12º - 16º per wall).**
7. **The margin varies significantly in width and deviates no more than 1mm from optimal.**
8. **Occlusal reduction deviates no more than ±1mm from optimal.**
9. **Internal line angles and cusp tip areas show minimal rounding w3ith a greater tendency of being sharp.**
10. **The occlusal anatomy is flat.**

CRITICAL DEFICIENCY

1. **There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.**
2. **There is gross iatrogenic trauma to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.**

POSTERIOR COMPOSITE- FINISHED RESTORATION
Contour, Contact and Occlusion

SATISFACTORY

1. **Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.**
2. **When checked with articulating ribbon or paper, all centric and excursive contacts on the restorations are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.**
3. **The restoration reproduces the normal physiological proximal contours of the tooth, occlusal anatomy and marginal ridge anatomy.**

MINIMALLY ACCEPTABLE

1. **Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.**
2. **The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.**

MARGINALLY SUBSTANDARD

1. **Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to dental floss or shreds the floss.**
2. **When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth, and requires adjustment.**
3. **The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.**

CRITICAL DEFICIENCY

1. **The interproximal contact is visually open or will not allow floss to pass through the contact area.**
2. **There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.**

ANTERIOR COMPOSITE PREPARATION
External Outline Form

SATISFACTORY

1. **Outline form provides adequate access for complete removal of caries and/or previous restorative material and insertion of composite resin. Access entry is appropriate to the location of caries and tooth position.**
2. **The gingival contact must be broken. The incisal contact need not be broken, unless indicated by the location of the caries. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure.**
3. **Cavosurface margins form a smooth continuous curve with no sharp angles.**
4. **Cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. All unsupported enamel is removed unless it compromises facial esthetics.**
5. **Enamel cavosurface margins may be bevelled.**

MINIMALLY ACCEPTABLE

1. **The wall opposite the access, if broken, may extend no more than 1mm beyond the contact area.**
2. **The gingival clearance does not exceed 1.5mm.**
3. **The outline form is overextended mesiodistally 0.5 – 1mm beyond what is necessary for complete removal of caries and/or previous restorative material.**
4. **The cavosurface margins are slightly irregular.**
5. **There is a small area of unsupported enamel which is not necessary to preserve facial aesthetics.**
6. **Enamel cavosurface margin bevels, if present, do not exceed 1mm in width.**

MARGINALLY SUBSTANDARD

1. **The outline form is under extended making caries removal or insertion of restorative material questionable.**
2. **The outline form is overextended mesio-distally more than 1mm but no more than 21mmm beyond what is necessary for complete removal of caries and/or previous restorative material.**
3. **The incisal cavosurface margin is overextended so that the integrity of the incisal angle is compromised.**
4. **The wall opposite the access opening extends more than 1mm beyond the contact area.**
5. **The gingival clearance is greater than 1.5mm.**
6. **Gingival contact is not visually broken.**
7. **The cavosurface margin is rough and severely irregular.**

8. **The cavosurface margin does not terminate in sound natural tooth structure; or, there is explorer-penetrable decalcification or there is previous restorative material remaining on the cavosurface margins.**
9. **There are large or multiple areas of unsupported enamel which are not necessary to preserve facial esthetics.**
10. **Enamel cavosurface margin bevels, if present, exceed 1mm in width, are not uniform or are inappropriate for the size of the restoration.**

ANTERIOR COMPOSITE PREPARATION
External Outline Form (continued)

CRITICAL DEFICIENCY

1. **The outline form is under extended making it impossible to manipulate and finish the restorative material.**
2. **The outline form is overextended mesiodistally more than 2mm beyond what is necessary for complete removal of caries and/or previous restorative material.**
3. **The incisal cavosurface margin is overextended so that the incisal angle is removed or fractured. A Class IV restoration is now necessary without justification.**
4. **The gingival clearance is greater than 2mm.**
5. **The wall opposite the access opening extends more than 2.5mm beyond the contact area.**
6. **There are caries remaining.**

ANTERIOR COMPOSITE PREPARATION
Internal Form

SATISFACTORY

1. **The axial wall follows the external contours of the tooth and the depth should not exceed 0.5mm beyond the DEJ.**
2. **All prepared surfaces are smooth and well-defined.**
3. **If used, rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DEJ as dictated by cavity form. Retention is tactilely and visually present.**
4. **All carious tooth structure and/or previous restorative materials are removed.**

MINIMALLY ACCEPTABLE

1. **The depth of the axial wall is no more than 1.5mm beyond the DEJ.**
2. **The internal walls are slightly rough and irregular.**

MARGINALLY SUBSTANDARD

1. **The depth of the axial wall is deeper than 1.5mm beyond the DEJ.**
2. **When used, retention is excessive and undermines enamel or jeopardizes the incisal angle or encroaches on the pulp.**

3. **The internal walls are rough and irregular.**

CRITICAL DEFICIENCY

1. **Caries or previous restorative materials remains.**
2. **The axial wall is more than 2.5mm beyond the DEJ.**

ANTERIOR COMPOSITE PREPARATION
Treatment Management

SATISFACTORY

1. **The isolation dam is adequate to isolate sufficient teeth for visibility and accessibility with no debris, saliva or haemorrhagic leakage into the preparation. This would include isolation of the treated tooth and both proximal adjacent teeth, if possible.**
2. **The patient has adequate anaesthesia for pain control.**
3. **The adjacent teeth and/or restorations are free from damage.**
4. **The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.**

MINIMALLY ACCEPTABLE

1. **Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.**

MARGINALLY SUBSTANDARD

1. **The isolation dam is inappropriately applied, torn and/or leaking, rendering the preparation unsuitable for evaluation or the subsequent manipulation of the restorative material.**
2. **There is inadequate anaesthesia for pain control.**
3. **Damage to adjacent tooth/teeth requires contouring which changes the shape and/or contour and/or contact.**
4. **There is iatrogenic soft tissue damage that is inconsistent with the procedure.**

CRITICAL DEFICIENCY

1. **There is gross damage to adjacent tooth/teeth which requires a restoration.**
2. **There is gross iatrogenic damage to the soft tissue that is inconsistent with the procedure and pre-existing condition of the soft tissue.**

ANTERIOR COMPOSITE- FINISHED RESTORATION
Margin Integrity and Surface Finish

SATISFACTORY

1. **There is no marginal excess (overhang) or deficiency. There is no detectable marginal excess at the restoration–tooth interface either visually or with the tine of an explorer. There is no evidence of voids or open margins.**
2. **The surface of the restoration is uniformly smooth and free of pits and voids.**
3. **There is no evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.**
4. **The restoration is bonded to the prepared tooth structure.**
5. **The shade of the restoration blends with the surrounding tooth structure.**

MINIMALLY ACCEPTABLE

1. **There is a detectable marginal excess or deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is no greater than 0.5mm. There is no evidence of pits and voids at the cavosurface margin.**
2. **The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.**
3. **There is minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.**

MARGINALLY SUBSTANDARD

1. **The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal excess or deficiency, more than 0.5mm and up to 1mm, to include pits and voids at the cavosurface margin.**
2. **The surface of the restoration is rough and exhibits significant surface irregularities, pits or voids.**
3. **There is evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.**
4. **There is a flash with contamination underneath it, but it is not internal to the cavosurface margin, and could be removed by polishing or finishing.**
5. **The shade of the restoration contrasts markedly with the surrounding tooth structure.**

CRITICAL DEFICIENCY

1. **There is evidence of marginal excess or deficiency of more than 1mm, to include pits and voids at the cavosurface margin or there is an open margin.**

2. **There is internal contamination at the interface between the restoration and the tooth.**
3. **The restoration is debonded and/or movable in the preparation.**
4. **There is gross enameloplasty resulting in the exposure of dentin.**
5. **The restoration is fractured.**

ANTERIOR COMPOSITE- FINISHED RESTORATION
Contour, Contact and Occlusion

SATISFACTORY

1. **Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.**
2. **When checked with articulating ribbon or paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth, in that quadrant.**
3. **The restoration reproduces the normal physiological proximal contours of the tooth, lingual anatomy and marginal ridge anatomy.**

MINIMALLY ACCEPTABLE

1. **Interproximal contact is visually closed, and the contact is adequate in size, shape, or positon but demonstrates little resistance to dental floss.**
2. **The restoration does not reproduce the normal lingual anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.**

MARGINALLY SUBSTANDARD

1. **Interproximal contact is visually closed, but the contact is deficient in size, shape or position and demonstrates little resistance to dental floss or shreds the floss.**
2. **When checked with articulating ribbon or paper, the restoration is in hyper-occlusion inconsistent in size, shape and intensity with the contacts on surrounding teeth, and requires adjustment.**
3. **The restoration does not reproduce the normal lingual anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.**

CRITICAL DEFICIENCY

1. **The interproximal contact is visually open or will not allow floss to pass through the contact area.**
2. **There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.**

ANTERIOR COMPOSITE- FINISHED RESTORATION
Treatment Management

SATISFACTORY

1. **The patient demonstrates no post-operative discomfort that is inconsistent with the procedure.**
2. **The adjacent and/or opposing hard tissue is free from evidence of damage and/or alteration.**
3. **The soft tissue is free from damage or there is soft tissue damage consistent with the procedure.**

MINIMALLY ACCEPTABLE

1. **Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.**

MARGINALLY SUBSTANDARD

1. **The patient demonstrates discomfort inconsistent with the procedure.**
2. **Adjacent and/or opposing hard tissue shows evidence of damage and/or alteration inconsistent with the procedure.**
3. **There is gross iatrogenic trauma to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.**

CRITICAL DEFICIENCY

1. **There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.**
2. **There is gross iatrogenic trauma to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.**