

WRITING: QUESTION BOOKLET

CANDIDATE NAME: _____

D.O.B.:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PROFESSION: _____

VENUE: _____

TEST DATE: _____

Example:

2	5
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CANDIDATE NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

CANDIDATE DECLARATION

By signing this, you agree not to disclose or use in any way (other than to take the test) or assist any other person to disclose or use any OET test or sub-test content. If you cheat or assist in any cheating, use any unfair practice, break any of the rules or regulations, or ignore any advice or information, you may be disqualified and your results may not be issued at the sole discretion of CBLA. CBLA also reserves its right to take further disciplinary action against you and to pursue any other remedies permitted by law. If a candidate is suspected of and investigated for malpractice, their personal details and details of the investigation may be passed to a third party where required.

CANDIDATE SIGNATURE: _____

INSTRUCTIONS TO CANDIDATES

You must write your answer for the Writing sub-test in the **Writing Answer Booklet**.

You must **NOT** remove OET material from the test room.

Occupational English Test

WRITING SUB-TEST: DENTISTRY

TIME ALLOWED: READING TIME: 5 MINUTES

WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

Notes:

Assume that today's date is 15 May 2021. You are a dentist at Newtown Dentistry Clinic. Mr Ivanov is a regular client with a history of cancelling appointments.

PATIENT DETAILS:

Name: Mr Viktor Ivanov

DOB: 26 May 1979 (41 y.o.)

Address: 99 Shore Road, Newtown

Social background: Non-smoker, drinks 3 units of alcohol per week (approx.)

Oral care: Poor, irregular clinic attendance

Allergies: None

Medical history: No relevant medical history

Medications: Nil

Intraoral examination:

Missing: 14, 18, 25, 27, 28, 38, 46, 48

Restorations: 45, 26

Treatment Record

12 Jan 2020

Reason for presenting (RFP):

Pain in upper left (UL) quadrant

Exam: Pain associated with 26 (UL first molar); tooth tender to palpation (TTP). Non-vital (CO₂-ve)
4mm pocket on distal

Treatment: Advised Pt will need root canal therapy (RCT) over two visits or extraction

Pt agreed to have RCT

Next visit 1 week

22 Jan 2020

RFP: RCT 26 (1st visit)

Treatment: Local anaesthetic

Rubber dam (RD) placed

Access cavity. 3 canals located

Irrigated & dressed

2 periapical (PA) radiographs for WLs (working lengths)

29 Jan 2020

RFP: RCT 26 (2nd visit)

Treatment: Local anaesthetic

RD placed

Irrigation & canal dried with paper points

Obturation: gutta-percha and AH26, vertical and lateral condensation

Final PA radiograph taken

Restored access cavity

Advised Pt – need for full coverage porcelain fused to metal crown in 1 mth but to return next week for core prep

05 Feb 2020

Pt cancelled appt for core prep

02 Mar 2020

Pt cancelled appt for core and crown prep, not willing to rebook

15 May 2021

RFP: Pain UL quadrant

Examination: 26 TTP and draining buccal sinus present

Diagnosis: PA radiograph – periapical abscess associated with 26

Noted no crown placed on this tooth after RCT and provisional access cavity restoration broken down

?Reinfection of canal system

Treatment: Advised Pt:

- need for endodontic retreatment of 26
- placement of crown on tooth necessary after treatment

Plan: Refer to endodontist

Writing Task:

Using the information given in the case notes, write a letter of referral to Dr Moon, an endodontist at Newtown Dentistry Hospital. In your letter, outline Mr Ivanov's relevant history and request further treatment. Address the letter to Dr Deborah Moon, Newtown Dentistry Hospital, 60 Bay Street, Newtown.

In your answer:

- **Expand the relevant notes into complete sentences**
- **Do not use note form**
- **Use letter format**

The body of the letter should be approximately 180–200 words.

Any answers recorded here will not be marked.

BLANK

WRITING: ANSWER BOOKLET

CANDIDATE NAME: _____

D.O.B.:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PROFESSION: _____

VENUE: _____

TEST DATE: _____

Example:

2	5
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CANDIDATE NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

CANDIDATE DECLARATION

By signing this, you agree not to disclose or use in any way (other than to take the test) or assist any other person to disclose or use any OET test or sub-test content. If you cheat or assist in any cheating, use any unfair practice, break any of the rules or regulations, or ignore any advice or information, you may be disqualified and your results may not be issued at the sole discretion of CBLA. CBLA also reserves its right to take further disciplinary action against you and to pursue any other remedies permitted by law. If a candidate is suspected of and investigated for malpractice, their personal details and details of the investigation may be passed to a third party where required.

CANDIDATE SIGNATURE:

TIME ALLOWED

READING TIME: 5 MINUTES

WRITING TIME: 40 MINUTES

INSTRUCTIONS TO CANDIDATES

1. Reading time: 5 minutes

During this time you may study the writing task and notes. You **MUST NOT** write, highlight, underline or make any notes.

2. Writing time: 40 minutes

3. Use the back page for notes and rough draft only. Notes and rough draft will **NOT be marked.**

Please write your answer clearly on page 1 and page 2.

Cross out anything you **DO NOT** want the examiner to consider.

4. You must write your answer for the Writing sub-test in this **Answer Booklet using pen or pencil.**

5. You must **NOT remove OET material from the test room.**

Please record your answer on this page within the lines provided.

(Only answers on Page 2 and Page 3 within the lines provided will be marked.)

Please record your answer on this page within the lines provided.

(Only answers on Page 2 and Page 3 within the lines provided will be marked.)

Space for notes and rough draft. Only your answers on Page 2 and Page 3 will be marked.

Occupational English Test

WRITING SUB-TEST: DENTISTRY

SAMPLE RESPONSE: LETTER OF REFERRAL

Dr Deborah Moon
Newtown Dentistry Hospital
60 Bay Street
Newtown

15 May 2021

Dear Dr Moon

Re: Mr Viktor Ivanov
DOB: 26 May 1979

I am referring my patient, Mr Ivanov, to your care for the endodontic treatment of an abscess.

Mr Ivanov is missing some posterior teeth (14, 18, 25, 27, 28, 38, 46, 48). He had root canal treatment on tooth 26 in January 2020 over two visits. Permanent restoration of tooth 26 was planned with a core restoration and full coverage porcelain fused to a metal crown. However, Mr Ivanov cancelled his appointment for core preparation on 5 February 2020 and a subsequent appointment on 2 March 2020 for the core and crown preparation. He chose not to rebook the appointments.

Mr Ivanov returned today with pain associated with tooth 26. The provisional restoration has broken down and reinfection of the root canal system appears to have occurred. A draining buccal sinus is present and a periapical radiograph shows the tooth has a periapical abscess. I have recommended that Mr Ivanov have the tooth retreated and that a crown must be placed on the tooth once the treatment is completed.

Thank you for taking over the management of Mr Ivanov's case. Please do not hesitate to contact me with any concerns.

Yours sincerely

Dentist