Dental Therapist interview questions

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What to expect

Interviews for dental therapist roles in Australia usually combine a clinical knowledge check with behavioural and scenario questions, because the role involves working with children and families under a defined scope of practice. Employers want to see that you understand your registration requirements and can communicate care clearly.

- **Clinical and technical:** Questions about your scope of practice, radiography, infection control and restorative procedures within the dental therapist registration.
- **Behavioural:** Questions about how you have handled anxious children, communicated with parents, or worked in a team, using past examples.
- **Scenario:** Questions that put you in a realistic situation, such as a parent requesting treatment outside your scope or a child who will not sit still.
- **Safety and compliance:** Questions about sterilisation, radiation safety, and your obligations under AHPRA and the Dental Board of Australia.
- **Client-facing and health education:** Questions about how you explain oral hygiene and diet to children and carers in a way that leads to behaviour change.

The process often starts with a phone screen with a practice manager or clinical lead. If you progress, you attend a panel interview with a dentist and a practice manager, which may include a practical skills assessment or a case scenario. Some public clinics also ask you to complete a short written task on infection control or scope of practice. The panel will usually end with time for your questions.

1. What is your understanding of the scope of practice for a dental therapist in Australia, and how do you work within it?

Why they ask

This is a core process question. Employers need to know you understand the boundaries set by the Dental Board of Australia and can work safely under supervision.

How to structure your answer

Walk through the definition: what a dental therapist can do, such as preventive care and basic restorative work on children and adolescents. Then explain how you check your limits, when you refer to a dentist, and how you document your decisions. Finish with a brief example of a time you stayed within scope.

Example answer

“A dental therapist in Australia is registered with AHPRA and the Dental Board of Australia to provide preventive and basic restorative care, mainly to children and adolescents. I can examine teeth and gums, apply fluoride and sealants, take radiographs, and place fillings in deciduous and permanent teeth within my scope. I cannot do complex endodontics, extractions, or treatment outside the board's guidelines. In practice, I assess each patient, and if a tooth needs treatment beyond my scope, I discuss it with the supervising dentist and organise a referral. I document everything in Titanium so the dentist can review it. For example, a child came in with a fractured permanent incisor, and while I could place a temporary dressing, I referred the case to the dentist for a definitive restoration.”

2. Tell me about a time you cared for a child who was anxious or uncooperative during a dental appointment. What did you do?

Why they ask

Behavioural question to see how you manage the emotional side of paediatric care, which is central to this role.

How to structure your answer
Use STAR: describe the situation, the task, the action you took, and the result. Focus on communication and distraction techniques.

Example answer

"A six-year-old boy came for a fissure sealant but refused to open his mouth and was close to tears. I needed to complete the preventive treatment without distressing him further. I put my instruments down, sat at his level, and explained each step using a show-and-tell approach with a mirror. I let him hold the suction tip and count to ten before we started. I also asked his mother to sit nearby and give him a thumbs-up. He eventually allowed me to place the sealants on two teeth. The result was that he returned for his next recall without fear and even asked to see the mirror again."

3. A parent asks you to place a filling in a permanent tooth that you feel is outside your scope. How do you handle this?

Why they ask
Scenario question testing judgement under pressure and your understanding of professional boundaries.

How to structure your answer
Show that you listen to the parent, explain your scope clearly, and offer a safe alternative. Then describe how you escalate and document.

Example answer

"I would acknowledge the parent's concern and thank them for raising it. I would explain that as a dental therapist, my registration with the Dental Board of Australia limits me to certain treatments, and this particular filling is outside my scope. I would reassure them that the child will still get the care they need. I would then arrange for the supervising dentist to review the tooth and take over the treatment. I would document the conversation in the patient's record and follow up to make sure the appointment was booked. If the parent was still unhappy, I would offer to speak with the practice manager or dentist directly."

4. How do you ensure infection control and sterilisation in your daily practice?

Why they ask
Safety and compliance question. Every dental clinic must meet strict standards, and employers want to know you follow them consistently.

How to structure your answer
Outline your routine step by step, then mention how you keep records and monitor compliance. Give a specific example of a time you identified and fixed a problem.

Example answer

"At the start of each day, I check that the autoclave has passed its weekly validation and that all instruments are wrapped and dated. Between patients, I follow the standard procedure: wear PPE, dispose of sharps safely, clean and disinfect surfaces, and reprocess instruments through the autoclave. I use single-use items where required and track cycle logs. I also make sure hand hygiene is second nature. Once I noticed that a batch of instruments had not been properly dried before sterilisation, so I flagged it with the practice manager and we adjusted the cycle. I document all sterilisation cycles in our system so the clinic is always audit-ready."

5. Describe your experience with dental radiography, including taking and interpreting images.

Why they ask
Technical question. Dental therapists need to take and interpret radiographs safely and accurately, within their registration.

How to structure your answer
Explain your training, the equipment you use, safety measures, and how you interpret images. Then give an example of when an image changed your treatment decision.

Example answer

"I completed my radiography training as part of my degree and hold a current radiation licence for my state. I use intraoral sensors and a dental radiography system, and I follow the ALARA principle: only take images when clinically justified, use the lowest exposure settings, and position the patient correctly. I interpret the images for caries, bone loss, and developing teeth. For example, a bitewing on a nine-year-old showed early interproximal decay that was not visible clinically. I discussed it with the dentist, and we decided to place a preventive resin restoration and give the parents extra diet advice. I documented the findings and the plan in EXACT."

6. How do you educate children and parents about oral hygiene and diet in a way that actually changes behaviour?

Why they ask
Client-facing question. This role is as much about prevention and education as it is about treatment.

How to structure your answer
Describe your approach: assess current habits, tailor messages, use visual aids, set small goals, and follow up. Then give a concrete example of a behaviour change you supported.

Example answer

"I start by asking the child and parent what they already do at home, without judgement. Then I pick one or two small changes they can manage, like swapping juice for water at lunch or brushing before bed. I use a model mouth or an intraoral camera to show them exactly where plaque sits. I write down the goal on a take-home card and ask them to show me at the next visit. One family had a child with frequent decay, and we agreed to cut soft drink to weekends only and use a timer for brushing. At the six-month recall, the child had no new cavities, and the parent said the timer made a real difference."