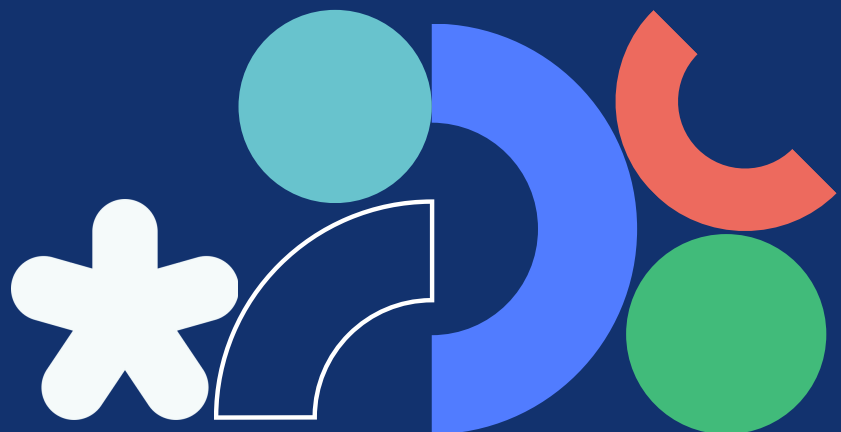




The OET Pharmacy Letter Planner

Print one for every practice case. Companion to the YouTube video "OET Writing (Pharmacy): 5 Mistakes That Cost You Grade B".

By Bailey with E2Language





How to Use It

Six criteria decide your OET letter, and only one of them is purely about language. The other five reward what you do before you write a word: what you keep, what you cut, and what order you put it in. This planner walks you through that.

HOW TO USE IT Print it. THE PEN RULE: in the real test you may not write, underline or annotate anything during the five minutes of reading time, and invigilators say so before the sub-test starts. So work through steps 1 and 2 in your head during those five minutes, then write them down the moment the writing time begins. Draft into the P.E.R. skeleton on page 3. Finish with the pre-submit check. Do this for ten practice cases and the sorting gets fast enough to do in your head.



Your 45 minutes

Tick each box as you finish it. If you are running behind, the thing to cut is drafting time, not the sorting.

- ☐ 0 to 5 min READING TIME. Pen down, this is the rule in the real test. Read the task first, then the notes. Answer Step 1 and make your Step 2 decisions in your head.
- ☐ 5 to 10 min PLAN. The writing time has started, so now you may write. Fill in Steps 1 and 2, then the P.E.R. skeleton on page 3. Bullet points only.
- ☐ 10 to 38 min WRITE. Draft the letter in full sentences, following your skeleton.
- ☐ 38 to 45 min CHECK. Run the pre-submit check on page 4. Fix, do not rewrite.

Step 1. Analyse the task

Two questions. Answer them before you look at a single case note, because these two answers decide what counts as relevant.

Who am I writing to? (Their role, and what they already know.)

What do I want them to DO? (One action verb.)

! If you cannot name the action in one verb (review, assess, continue, admit, follow up), you have not finished reading the task. Go back.





Step 2. Keep or cut

Roughly half of what you are given should never reach the letter. Go through the notes once and put every item on one side or the other. Nothing sits in the middle. In practice, write them in. On test day, sort them in your head during the reading time and get them onto paper as soon as the writing time starts.

KEEP · the reader needs this to act	CUT · irrelevant to the reader



Step 2. Keep or cut

The distractors that catch pharmacists most often

Tick any that appear in your case notes, then check they are on the CUT side. They usually belong there, though not always: if an item genuinely bears on the action you named in Step 1, it stays.

- ☐ Occupation, commute, family situation
- ☐ Hobbies, exercise, home renovations, travel
- ☐ Unrelated past surgery, especially anything more than five years old
- ☐ Unrelated chronic conditions with no bearing on the request
- ☐ Self-purchased vitamins and supplements
- ☐ Alcohol and smoking status, unless clinically relevant to the request

THE RULE UNDERNEATH ALL OF THIS

Ask of every line: does my reader need this in order to do the thing I am asking? If the answer is no, it goes, no matter how interesting it is.



Step 3. The P.E.R. skeleton

P.E.R. is a shape, not a script. Do not memorise wording. Understand what each part is for, then fill it with this case, in your own words. That is what makes it survive whatever case notes you are handed.

P Purpose • one sentence

Three jobs in one sentence: WHO the patient is, WHAT you want, and WHY. If your reader has to reach paragraph three to find out why you are writing, you have already lost marks. Purpose is its own criterion.

E Evidence • one or two paragraphs

Everything from your KEEP column, in the order your reader needs it, not the order the notes gave it. Usually: the current situation, then the relevant history, then anything that rules danger in or out.

R Request • one short paragraph

Exactly what you want them to do, politely, and inside your scope. You recommend, you refer, you raise a concern. You do not diagnose and you do not instruct the prescriber. Say what you have already done or advised, so the reader knows where the patient stands right now.



Step 3. The P.E.R. skeleton

Scope phrase bank

Say it your own way, but the shape of these works. Note the verb in each one.

Instead of this	Write something like this
Please stop drug X and start drug Y.	I would be grateful if you could review whether ongoing X remains necessary.
He has rebound acid hypersecretion.	This pattern is consistent with X rather than a relapse of his underlying condition.
You need to see him this week.	I would appreciate your review at your earliest convenience.
I have stopped his omeprazole pending your review.	I have advised him to continue his current dose until your review.
He definitely does not have anything serious.	He reports no difficulty swallowing, weight loss, vomiting or signs of bleeding.





The pre-submit check

Seven minutes, five mistakes. Read for one thing at a time. Fix what you find; do not start again.

- ☐ 1. SELECT. Every sentence earns its place. Nothing from my CUT column made it in.
- ☐ 2. PURPOSE. Sentence one names who, what and why. My reader knows within five seconds.
- ☐ 3. SCOPE. I recommend, refer or raise a concern. I never diagnose, and I never instruct the prescriber.
- ☐ 4. ORDER. The letter runs purpose, then evidence, then request. Not the order of the notes.
- ☐ 5. LENGTH. Around 180 to 200 words in the body. If it will not fit, I have not finished cutting.

- ☐ Full sentences throughout. No note form, no bullet points, no abbreviations the reader would not use.
- ☐ No contractions. "do not", not "don't".
- ☐ Every fact matches the notes. No invented doses, dates or diagnoses.
- ☐ Dated, addressed, Re: line, salutation and sign-off. None of these count toward the word limit.



Grade B, in plain numbers

Six criteria. At least two assessors mark independently, and the result is scaled to a score out of 500 and a grade from A to E.

Criterion	Band	For Grade B, aim for	What it is really asking
Purpose	0 to 3	2	Is the reason for writing immediately clear?
Content	0 to 7	5	Did you select the right information, accurately?
Conciseness & Clarity	0 to 7	5	Is anything repeated or padded?
Genre & Style	0 to 7	5	Does it read as real professional correspondence?
Organisation & Layout	0 to 7	5	Is it in an order a busy reader can use?
Language	0 to 7	5	Grammar, vocabulary, spelling, punctuation.

ONE CRITERION AT 4 OUT OF 7 IS USUALLY WHAT DROPS A LETTER BELOW 350.

Notice that only one of the six is purely about language. The other five are about the choices you make before you write. That is the good news: those are the ones you can fix this week.

AIMING FOR AUSTRALIA? For tests sat from 23 April 2026, AHPRA states its OET requirement as numbers instead of letter grades, and for Speaking that number is 360, not 350. Tests sat on or before 22 April 2026 are assessed under the previous standard, which accepted Grade B in Speaking, so the Speaking figure has moved up by one increment. AHPRA says the level of English it requires has not changed, only how scores are aligned across tests. Requirements differ by country, so check your own regulator. Source: ahpra.gov.au.



NEXT STEP: THE WHOLE SUB-TEST

This planner covers one case, and it is deliberately not the whole picture. *The Ultimate Guide to OET Writing for Pharmacists* is our eBook on the complete Writing sub-test: how it works, what each of the six criteria rewards, worked examples and step-by-step instructions. There is one for Reading, Listening and Speaking too. When you want practice that gets marked, that is what the full course is for. Both at [e2language.com](https://www.e2language.com).

You have the method. Now get it marked.

This planner does one job well: it makes you practise the right things in the right order. What it cannot do is tell you how your answer would actually score. Only a trained assessor can do that.

Start free at [e2language.com](https://www.e2language.com)

Inside the full OET Pharmacy course at E2:

- Four complete practice tests, built for pharmacists rather than adapted from nursing material
- Model answers with commentary on every single criterion, so you can see where the marks actually sit
- Assessor-marked mock tests and live assessed sessions
- Full method and overview videos for each part of the test