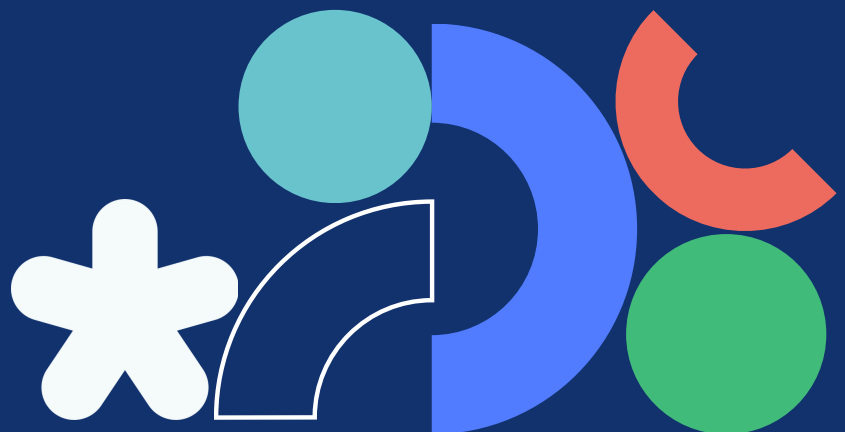




The OET Pharmacy Role Play Planner

Print one for every practice role play. Companion to "OET Speaking Role Play (Pharmacy): High-Scoring Sample"

By Bailey with E2Language





How to Use It

Use the three-minute preparation grid during your preparation time. Keep the Feeling before facts pages beside you while you practise. Fill in the Score yourself sheet immediately afterwards, while you can still remember what you said. Do this ten times and the method stops being a sheet and starts being a habit.



The nine criteria

The four linguistic criteria (each banded 0 to 6)

Criterion	What it is really asking	Aim for Grade B
Intelligibility	Can you be understood easily? Pronunciation, stress, rhythm, intonation. Your accent is welcome.	5 of 6
Fluency	Does your speech keep moving at a natural pace, without long stalls?	5 of 6
Appropriateness of Language	Does your language suit this listener? Plain words for patients, not textbook terms.	5 of 6
Resources of Grammar and Expression	Do you have enough range and accuracy to say what you actually mean?	5 of 6

The five clinical communication criteria (each banded 0 to 3)

Criterion	What it is really asking	Aim for Grade B
Relationship building	Does the person feel welcomed and respected, whatever they say to you?	2 of 3
Understanding and incorporating the patient's perspective	Do you find out what they think, feel and fear, and then actually use it?	2 of 3
Providing structure	Does the conversation have a beginning, a middle and an end, and do you signpost?	2 of 3
Information gathering	Do you ask before you tell? Open questions first, focused questions second.	2 of 3
Information giving	Do you explain in small chunks, in everyday words, and check each one lands?	2 of 3

TWO OF THREE. NOT PERFECTION. Candidates who reach Grade B have generally scored 5 of 6 on each linguistic criterion and 2 of 3 on each communication criterion. Two out of three means consistent, visible competence on all five, every time. That is a target you can train for.



Your three minutes of preparation

Fill this in during preparation time. Keep it to a few words per box. You are building a spine, not a script. On test day you will not have this sheet, but you may write notes on the role-play card itself, so practise mentally transferring these boxes onto the card. Writing works the other way: there you may not pick up a pen at all during the five minutes of reading time.

Who is in front of me? (Name, age, relationship to me)

What is my clinical job here? (In one sentence)

What might this person be feeling? Guess before you begin: rushed, frightened, embarrassed, sceptical, angry, resigned, etc.

My three must-say points, ranked

Rank them by what keeps the patient safe, not by what is on the card first.

#	The point	In plain words, how will I say it?

Questions I will ask BEFORE I explain anything

Two safety questions at minimum. Then one open question to find out what they already think. Remember to chunk and check when actually asking.



Feeling before facts

Your patient always has a stance: a worry, a demand or a mood. It is on the interlocutor's card, which you never see, and sometimes on yours as well. It is not an interruption to your role play. It is your role play. Three moves:

Move	What you are doing	The shape of it
1. ACKNOWLEDGE	Name the feeling. Do not argue with it, do not apologise for it, do not rush past it.	"I can hear you're pressed for time." "That sounds really worrying."
2. NEGOTIATE	Offer a realistic amount of time or attention, and get their agreement to it.	"Give me sixty seconds. Does that sound fair?"
3. PRIORITISE	Say what you will cover and what you will leave out. Then keep to it.	"These three things matter most...."

My three must-say points, ranked

These are shapes, not lines to memorise. An assessor can hear a recited sentence from a long way off. Say it your own way, and write your version here for each of the four cues you are most likely to meet.

If the patient is...	My acknowledge line	My negotiate or prioritise line

Suggested cues to prepare for: in a hurry · frightened of a side effect · embarrassed about the condition · convinced they do not need the medicine · frustrated that nobody has explained this before



The spine of a strong role play

Tick these off while you practise. In this order.

- ☐ OPEN. Greet using their name if given, introduce yourself, and ask for their time rather than taking it.
- ☐ GATHER. Two safety questions, then one open question. Ask (in chunks) before you tell.
- ☐ REMEMBER IT. Note anything they volunteer. You will use it later.
- ☐ HEAR THE CUE. Acknowledge, negotiate, prioritise. Feeling before facts.
- ☐ GIVE. Signpost: first, second, third. Small chunks, everyday words.
- ☐ SAFETY NET. Always two halves: the warning signs, AND the action to take. If two different things can go wrong, give two separate nets, because the actions are not the same.
- ☐ HAND IT BACK. Use something they told you earlier as advice.
- ☐ CLOSE. Ten-second recap of the main points, open door for future communication, a little warmth.

ONE THING TO STOP WORRYING ABOUT Completing every task on your card is not itself an assessment criterion, and you are not penalised for going past five minutes. If the interlocutor stops you, the assessors simply have enough to mark you on. OET does note that the more of the card you cover, the more evidence you give, so cover what you can. The point is to stop racing, not to stop trying. Racing costs you gathering, checking and the cue, and all three of those ARE scored. A calm, slightly unfinished role play beats a complete, rushed one.



Score yourself

Do this straight after every practice role play, while you still remember what you said. Be harder on yourself than you want to be. The point is to find the one criterion that is furthest behind, and work on only that one this week.

Date of practice: _____ Scenario: _____

Criterion	Evidence: what did I actually say or do?	0	1	2	3
Relationship building					
Understanding and incorporating the patient's perspective					
Providing structure					
Information gathering					
Information giving					

The criterion furthest behind this time:

One thing I will do differently in my next role play:

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

The Ultimate Guide to OET Speaking for Pharmacists is our eBook on the complete Speaking sub-test: how it works, what all nine criteria reward, worked examples and step-by-step instructions. There is one for Writing, Reading and Listening too. When you want live, 1:1 role plays that get assessed, that is what the full course is for. Both at e2language.com.

You have the method. Now get it marked.

This planner 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

Inside the full OET Pharmacy course at E2:

- 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 speaking sessions
- The full method and overview for each question on the test