OET writing samples: pharmacy, with answers

2 original practice cases with case notes and a model letter. Allow 5 minutes to read and 40 minutes to write, then compare. A model shows one good way to answer. It is not an official OET sample or a marking guide, and all patients are fictional.

Sample 1: Update letter

Poor preventer adherence in an asthmatic patient

Assume that today's date is 22 October 2026. Mr Vargas came into the pharmacy this morning to collect another salbutamol inhaler. You are a community pharmacist. Using the information in the case notes, write a letter to Mr Vargas's GP, Dr Mette Schreiber, to update her on his asthma medication use, symptoms and inhaler technique, and to request a review. Address the letter to Dr Mette Schreiber, General Practitioner, The Medical Centre, 45 Main Street. 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.

Patient details

- Name: Mr Rodrigo Vargas
- DOB: 14/03/1992 (34 yrs)
- Address: 12 Park Lane
- Regular GP: Dr Mette Schreiber

Social background

- Forklift driver in warehouse; says workplace is dusty
- Smokes 3–4 cigarettes/wk, socially
- Plays five-a-side football weekly
- Lives with partner; says partner 'nags him all the time about his snoring'
- Complained about waiting 20 min in pharmacy queue today; 'staff too slow'

Medical history

- Asthma since childhood; last hospital admission aged 15
- Seasonal allergic rhinitis — OTC loratadine PRN
- Tonsillectomy aged 8
- Allergies: nil known
- No written asthma action plan

Dispensing record

- Fluticasone propionate 125 microg MDI, 1 puff BD — last dispensed 20/06/26 (1 inhaler ≈ 2/12 supply at prescribed dose)
- Salbutamol 100 microg MDI, 1–2 puffs PRN — 6 inhalers dispensed 22/07/26–20/10/26 (≈ 3/12)

Counselling 22/10/26

- Stopped preventer ≈ 2/12 ago when it ran out — 'felt fine'; worried steroids cause weight gain
- Waking with cough & wheeze 3–4 nights/wk over past 4/52
- Uses reliever most days, incl. before football
- No ED visits; denies chest pain; speaking in full sentences, no acute distress today
- Inhaler technique: does not shake MDI, finishes inhaling before actuating, with no further inhalation after the puff, no breath-hold, no spacer
- Says a friend told him salbutamol 'cures' asthma

Pharmacist action

- Explained preventer vs reliever; addressed concerns re steroid side effects
- Demonstrated MDI + spacer technique; pt demonstrated correct technique back
- Spacer supplied; fluticasone dispensed today (valid repeat on script)
- Advised: if severe breathlessness or reliever not helping → call 000
- Smoking cessation advised; Quitline info given

• Pt asked for cheaper loratadine — generic brand supplied

• Phoned Dr Schreiber's surgery 22/10 — spoke to practice nurse; reliever overuse & nocturnal sx reported → GP triage today & earlier review requested

Plan

• Request expedited GP review ASAP (not to wait for routine appt): asthma control, treatment, written asthma action plan

• Pt has booked routine appt with Dr Schreiber 28/10/26 — retain as follow-up after earlier review

• Pharmacy to recheck technique & adherence at next refill

Model letter: sample 1

22 October 2026

Dr Mette Schreiber
General Practitioner
The Medical Centre
45 Main Street

Dear Dr Schreiber,

Re: Mr Rodrigo Vargas, DOB 14/03/1992

I am writing to update you on Mr Vargas's asthma medication use, symptoms and inhaler technique, and to request an expedited review as soon as possible rather than a routine appointment.

He stopped his fluticasone propionate 125 microg preventer about two months ago when it ran out, because he felt fine and feared steroids cause weight gain. It was last dispensed on 20 June 2026. Six salbutamol inhalers were dispensed between 22 July and 20 October, and he uses his reliever most days, including before football. Over the past four weeks he has woken with cough and wheeze three to four nights a week. He has had no emergency department visits and has no written asthma action plan.

His technique was poor: he did not shake the inhaler, finished inhaling before actuating, did not hold his breath and used no spacer. I explained preventer and reliever use, addressed his concerns, supplied a spacer and dispensed his fluticasone today. He then demonstrated correct technique.

Please review his asthma control and treatment and provide a written asthma action plan. He has booked a routine appointment with you on 28 October, which he should keep as a follow-up.

Yours sincerely,
Pharmacist
Community Pharmacy

Why this letter works

Kept: Dr Schreiber needs to know first that an earlier review is requested, then the evidence of poor control and the technique problems that the pharmacist has already addressed.

Left out: His workplace dust, his social smoking, football, his partner's comments about snoring, the queue complaint, his hay fever treatment, the loratadine request and the childhood history are not needed for this review request.

Sample 2: Reply to a school principal

School principal asking about a student's adrenaline autoinjector

Assume that today's date is 23 October 2026. You received the principal's letter on 19 October 2026. You are a pharmacist at the community pharmacy where Huong Huynh's medicines are dispensed. Using the information in the case notes, write a letter to Mr Prakash Raghavan, the principal of Huong's primary school, replying to his request for advice on how staff should store and use Huong's adrenaline autoinjector. Address the letter to Mr Prakash Raghavan, Principal, Primary School Office, 45 Railway Parade. 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.

Patient details

- Name: Huong Huynh
- DOB: 14/03/2019 (7 yrs); Year 2 student
- Mother gave verbal + written consent 20/10/26 for pharmacist to share info with school
- Regular pharmacy customer since 2020

Request from school

- Letter from Mr Prakash Raghavan, Principal, rec'd 19/10/26
- Asks: where/how to store device, when to use it, how to use it
- Huong started at school this term; staff not yet trained on her device

Medical history

- Peanut allergy dx age 2 by allergist; anaphylaxis after peanut butter 2021 → ED, discharged next day
- Mild asthma — salbutamol inhaler via spacer PRN
- Eczema in infancy, resolved
- Allergist review 09/26: device strength appropriate for current weight; next review 12/12
- ASCIA Action Plan for Anaphylaxis completed by allergist 09/26; copy given to school by mother

Dispensing record

- EpiPen adrenaline autoinjector x2 dispensed 02/10/26: 1 for school, 1 with family; expiry 08/2027
- Non-sedating antihistamine oral liquid PRN for mild–moderate reactions, as per Action Plan
- Salbutamol inhaler + spacer: 1 kept at school

Counselling points for school

- Store at room temp, below 25°C; do not refrigerate; avoid heat/direct sunlight (e.g. not in car or on windowsill)
- Keep with Action Plan in labelled, unlocked, easily accessible place known to all staff; never locked away
- Device must go with Huong on excursions, sport, camps
- Check monthly: expiry date + viewing window — solution should be clear; if cloudy/discoloured or expired → ask mother for replacement
- Mild–mod reaction (swelling lips/face/eyes, hives/welts, tingling mouth, abdo pain, vomiting): stay with child, follow Action Plan, contact mother, watch for anaphylaxis
- Anaphylaxis signs: difficult/noisy breathing, swollen tongue, swelling/tightness throat, wheeze or persistent cough, difficulty talking/hoarse voice, persistent dizziness or collapse, pale + floppy
- Any anaphylaxis sign → give autoinjector immediately; if in doubt, give adrenaline
- How: lay child flat; if breathing difficult → sit with legs outstretched; if unconscious but breathing normally → recovery position; never let her stand/walk. Hold leg still; pull off blue safety release; place orange end against outer mid-thigh (through clothing OK); push down hard until click; hold 3 sec; remove
- Then call ambulance (000) straight away; note time given; phone mother; further adrenaline may be given if no response after 5 min, if another autoinjector available
- If unsure whether asthma or anaphylaxis: give adrenaline first, then asthma reliever
- Used device → hand to paramedics; replacement needed

Social background

- Lives with mother + grandmother; father working overseas
- Older brother (10 yrs) has hay fever
- Enjoys swimming lessons and drawing
- Mother complained about 20-min wait at pharmacy on 02/10
- Mother said class teacher is 'careless' and 'can't be trusted with Huong'

Plan

- Recommend all staff complete free ASCIA online anaphylaxis training + practise with trainer device (no needle)
- Pharmacist happy to visit school to demonstrate device — on request

Model letter: sample 2

23 October 2026

Mr Prakash Raghavan
Principal
Primary School Office
45 Railway Parade

Dear Mr Raghavan,

Re: Huong Huynh, DOB 14/03/2019

Thank you for your letter of 19 October 2026. With her mother's consent, I am replying with advice on how staff should store and use Huong's adrenaline autoinjector.

Please store the device at room temperature, below 25°C, and do not refrigerate it. Keep it away from heat and direct sunlight. Keep it with her Action Plan in a labelled, unlocked, easily accessible place known to all staff, and send it with her on excursions, sport and camps. Please check monthly that it has not expired and that the viewing window solution is clear. If not, ask her mother for a replacement.

If Huong shows any sign of anaphylaxis, such as difficult or noisy breathing, a swollen tongue or collapse, give the autoinjector immediately, even if you are in doubt. Lay her flat and do not let her stand. Pull off the blue safety release, place the orange end against her outer mid-thigh and push down hard until it clicks. Hold it in place for 3 seconds. Then call an ambulance on 000 and phone her mother.

I recommend that all staff complete the free ASCIA online anaphylaxis training. I can visit the school to demonstrate the device if you wish.

Yours sincerely,
Pharmacist
Community Pharmacy

Why this letter works

Kept: The principal asked three questions, so the reply opens with his purpose and answers storage, when to use the device and how to use it in plain words.

Left out: Huong's asthma, eczema, family, hobbies, her mother's wait at the pharmacy, her comment about the class teacher and the mild reaction steps and the other dispensing details were left out to keep the advice short.