OCCUPATIONAL ENGLISH TEST

EEC — OET practice
Estimated statement of results
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STATEMENT OF RESULTS

CANDIDATE DETAILS:

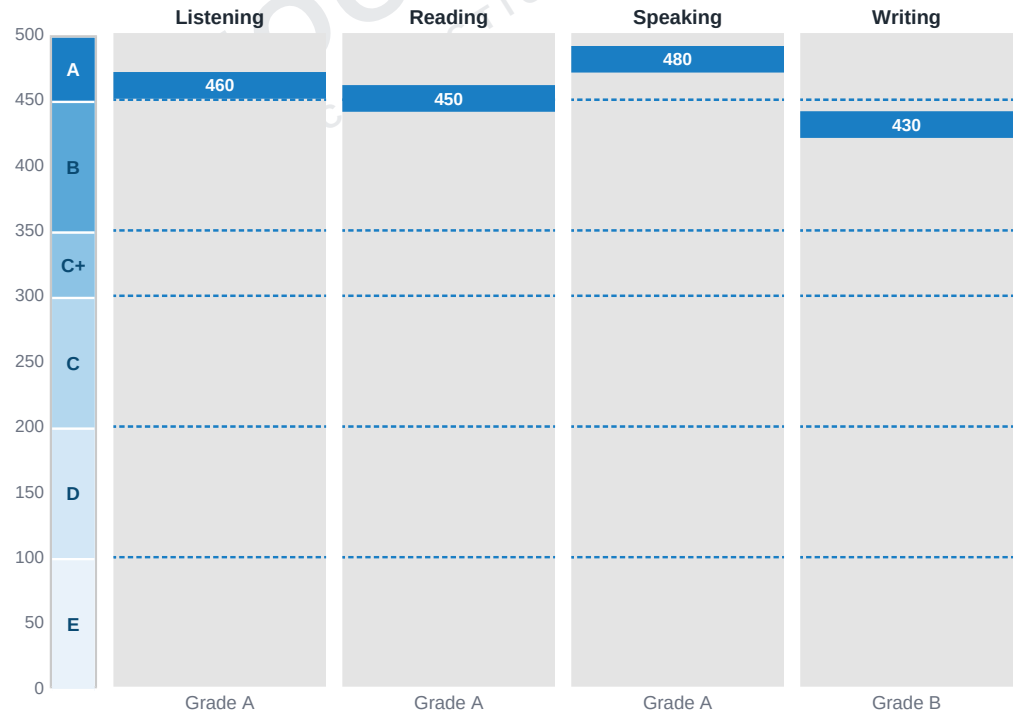
First Name	**AARAV**
Middle Names	
Last Name	**MEHTA**
Candidate Number	**1**
Receipt Number	**000001**
Date of Birth	
Nationality	
Gender	

AM

TEST DETAILS:

Venue Name	**EEC surat**
Venue Number	
Venue Country	**India**
Test date	**16 Nov 2026**
Test	**Sample Test 5**
Profession	**Nursing**

TEST RESULTS



PRACTICE
NOT VALIDATED

Teacher's signature
EEC — OET practice

Listening: sat 15 Nov 2026 · 38 of 42 marks
Reading: sat 15 Nov 2026 · 37 of 42 marks
Speaking: sat 16 Nov 2026 · 35 of 39 marks
Writing: sat 16 Nov 2026 · 33 of 38 marks

The 0–500 score and grade are EEC's estimate of what OET would report, not an OET result. OET marks each paper twice, combines the two marks statistically and adjusts every test date for how hard that paper turned out to be — none of which is published. The grade boundaries themselves (450 for A, 350 for B) are OET's own.

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Where you stand

Sample Test 5 — Aarav Mehta · Receipt No: 000001 — what to fix first, and what to do next

FIX THIS FIRST

Content

Writing

Scored 6 of 7 — it's **20%** of the marks you lost in Writing, more than any other criterion.

YOUR ACTION PLAN

1. Practise Content in Writing first. It's 20% of the marks you lost there, more than any other criterion.

SUB-TESTS SAT	SUB-TESTS MARKED
4 of 4	4

OET grades each sub-test independently — there is no combined overall score, so none is printed here or on the statement page before it.

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Listening

Sample Test 5 — Aarav Mehta · Receipt No: 000001

Part breakdown

PART A	PART B	PART C
20 / 24	6 / 6	12 / 12

Every question

A1	hernia	Correct
A2	not answered	Incorrect
A3	three weeks	Correct
A4	lifts	Correct
A5	ramipril	Correct
A6	not answered	Incorrect
A7	midnight	Correct
A8	ECG	Correct
A9	glasses	Correct
A10	not answered	Incorrect
A11	two	Correct
A12	meals	Correct
A13	ankle	Correct
A14	not answered	Incorrect
A15	clear	Correct
A16	dry	Correct
A17	three	Correct
A18	stick	Correct
A19	three	Correct
A20	daily	Correct
A21	stool	Correct
A22	twenty	Correct
A23	protein	Correct
A24	Thursday	Correct
B25	B	Correct
B26	A	Correct
B27	A	Correct
B28	B	Correct
B29	A	Correct
B30	B	Correct
C31	B	Correct
C32	B	Correct
C33	B	Correct
C34	A	Correct
C35	A	Correct

C36	A	**Correct**
C37	B	**Correct**
C38	B	**Correct**
C39	B	**Correct**
C40	A	**Correct**
C41	B	**Correct**
C42	A	**Correct**

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Reading

Sample Test 5 — Aarav Mehta · Receipt No: 000001

Part breakdown

PART A
15 / 20

PART B
6 / 6

PART C
16 / 16

Every question

A1	A	Correct
A2	C	Correct
A3	A	Correct
A4	not answered	Incorrect
A5	B	Correct
A6	D	Correct
A7	C	Correct
A8	not answered	Incorrect
A9	a pH-balanced cleanser	Correct
A10	the repositioning chart	Correct
A11	mobility, moisture, nutrition and sensation	Correct
A12	not answered	Incorrect
A13	heels and the base of the spine	Correct
A14	30 degrees	Correct
A15	high risk	Correct
A16	not answered	Incorrect
A17	patting	Correct
A18	knees	Correct
A19	dietitian	Correct
A20	not answered	Incorrect
B1	A	Correct
B2	B	Correct
B3	B	Correct
B4	A	Correct
B5	B	Correct
B6	A	Correct
C7	A	Correct
C8	A	Correct
C9	B	Correct
C10	A	Correct
C11	B	Correct
C12	A	Correct
C13	A	Correct
C14	A	Correct
C15	A	Correct

C16	A	**Correct**
C17	A	**Correct**
C18	A	**Correct**
C19	A	**Correct**
C20	A	**Correct**
C21	A	**Correct**
C22	A	**Correct**

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Speaking

Sample Test 5 — Aarav Mehta · Receipt No: 000001

ESTIMATED SCORE	ESTIMATED GRADE	CRITERIA TOTAL
480 /500	A	35 / 39

Grade B is 23 of 39 on this scale. This role-play is at or above that.

Where your marks went

Language -1: Intelligibility -1

Clinical communication -3: Relationship building -1 · Understanding & incorporating the patient's perspective -1 · Information giving -1

This role-play is at grade A on this marking.

Where you sit on the grade line



You scored 35 of 39. Grade B reached. Grade A reached.

Your nine criteria at a glance

Language — 23 of 24 (96%)

Intelligibility	5/6
Fluency	6/6
Appropriateness of Language	6/6
Resources of Grammar and Expression	6/6

Clinical communication — 12 of 15 (80%)

Relationship building	2/3
Understanding & incorporating the patient's perspective	2/3
Providing structure	3/3
Information gathering	3/3
Information giving	2/3

Fix these first

1. Relationship building (-1, 67% of its marks) — How the interaction is opened, and the attitude shown to the patient throughout.
2. Understanding & incorporating the patient's perspective (-1, 67% of its marks) — Whether the patient's own ideas, concerns and expectations are drawn out, noticed when hinted at, and used in what is said back.
3. Information giving (-1, 67% of its marks) — How information is pitched, paced and checked, rather than delivered in one block.

Language

Intelligibility 5 / 6

How much effort a listener spends understanding the words: pronunciation, and the prosodic features — stress, intonation and rhythm — that carry meaning.

Clear and easy to follow throughout; a few words in the safety-netting turn ran together.

Listener effort: easily understood

Fluency

6 / 6

The flow of the speech: its speed, and whether hesitation, repetition and self-correction show the speaker searching for words or structures.

Steady pace with a few short pauses; two fillers in the pain-relief turn.

Flow and pace: fluent · **Word-searching: occasional**

Appropriateness of Language

6 / 6

Whether the register, tone and word choice suit a health professional speaking to this patient, including explaining technical matters in lay terms.

Warm, plain language for an anxious patient: "call the ward if the wound becomes red, hot or leaks fluid".

Register and tone: entirely · **Explaining in lay terms: mostly clear**

Resources of Grammar and Expression

6 / 6

The range of grammar and vocabulary available to the speaker, and how accurately and flexibly it is used.

Wide range of everyday and clinical vocabulary; grammar accurate with small slips.

Range and flexibility: wide · **Accuracy: accurate**

Clinical communication

Marked on the moves made in the conversation — the patient answered what was asked and waited, rather than interrupting as a trained interlocutor would.

Relationship building

2 / 3

How the interaction is opened, and the attitude shown to the patient throughout.

Introduced herself and named the patient's fear before moving on.

A1: competent · **A2: competent** · **A3: competent** · **A4: competent**

Understanding & incorporating the patient's perspective

2 / 3

Whether the patient's own ideas, concerns and expectations are drawn out, noticed when hinted at, and used in what is said back.

Asked what worries him most and acknowledged how frightening a fall would be.

B1: competent · **B2: competent** · **B3: competent**

Providing structure

3 / 3

Whether the interview has a shape the patient can follow, and is signposted as it moves.

Clear order: concerns, pain, showering, warning signs; each turn signposted.

C1: adept · **C2: adept** · **C3: adept**

Information gathering

3 / 3

How questions are asked, and how the patient's account is listened to, clarified and summarised.

Open question first, then focused ones on falls; one closed question too many on the night pain.

D1: adept · **D2: adept** · **D3: adept** · **D4: competent** · **D5: competent**

Information giving

2 / 3

How information is pitched, paced and checked, rather than delivered in one block.

Explained pain relief and warning signs in small chunks and offered to write them down.

E1: competent · **E2: competent** · **E3: competent** · **E4: competent** · **E5: competent**

Clinical indicators at a glance



Adept: 6 of 20 | Competent: 14 of 20 | Partial: 0 of 20 | Absent: 0 of 20

Done well (adept): C1; C2; C3; D1; D2; D3.

Delivery scorecard — 4 measures with a target

ON TARGET	CLOSE	WORK ON IT
4 of 4	**0** of 4	**0** of 4

How you spoke

Measured from your recording itself. Fluency was marked from the timing figures and Intelligibility from the share a listener would follow; the rest is here so you can hear what the marker heard.

SPEAKING RATE — STRONG

132 words a minute

Target: 120-150

Within natural conversation, which runs about 120 to 150. Fluency loses a mark below 90 or above 190.

PAUSES — STRONG

2.8 a minute

Target: under 12 a minute

7 pauses of half a second or more, the longest 1.5 seconds. At 12 or more a minute, Fluency loses a mark.

FILLERS (UM, ER) — STRONG

2 in total

Target: under 6 a minute

That is 0.8 a minute. At 6 or more a minute, Fluency loses a mark.

REPEATED WORDS

1 times

Words said twice in a row (“I I think”), a sign you were searching for the next word.

TIME SPENT SILENT

14 %

Share of your speaking time with no sound. High means the delivery felt disjointed.

WORDS BETWEEN INTERRUPTIONS — STRONG

14.2 words

Target: 10 or more

A fluent speaker sustains ten or more words between pauses and fillers. Below 8, Fluency loses a mark.

SPEAKING SPAN

152 seconds

286 words from your first word to your last.

Your conversation

Counted from the transcript of the role-play. Display only; it does not move a mark.

TURNS YOU TOOK

8

Each time you spoke before the patient replied.

WORDS PER TURN

25 on average

Your longest turn was 39 words.

WORDS YOU SPOKE

198 words

The patient spoke 89.

YOUR SHARE OF THE TALKING

69 %

Counted in words. OET wants you to lead the consultation, so a very small share can mean too few questions or explanations.

How you ran the consultation

Counted from the transcript, so treat them as a guide. They do not move a mark.

QUESTIONS YOU ASKED

6

About 3 open (what, how, tell me…) and 3 closed (do you, have you…). Open questions draw out the patient's story; closed ones confirm detail.

EMPATHY PHRASES

4 times

Phrases such as “I understand”, “that must be…” or “sorry to hear”. Clinical communication rewards recognising how the patient feels.

SIGNPOSTING PHRASES

0 times

Phrases such as “I'd like to…”, “let me explain” or “just to check”. They tell the patient what is coming and check understanding.

DIFFERENT WORDS USED

122 words

Of 198 words you spoke, 62% were different. A lower share means you repeated the same words often.

What the marker recorded, criterion by criterion

Intelligibility	
Listener effort	**easily understood**

Fluency	
Flow and pace	**fluent**
Word-searching	**occasional**

Appropriateness of Language	
Register and tone	**entirely**
Explaining in lay terms	**mostly clear**

Resources of Grammar and Expression	
Range and flexibility	**wide**
Accuracy	**accurate**

Relationship building	
A1	**competent**
A2	**competent**
A3	**competent**
A4	**competent**

Understanding & incorporating the patient's perspective	
B1	**competent**
B2	**competent**
B3	**competent**

Providing structure	
C1	**adept**
C2	**adept**
C3	**adept**

Information gathering	
D1	**adept**
D2	**adept**
D3	**adept**
D4	**competent**
D5	**competent**

Information giving	
E1	**competent**
E2	**competent**
E3	**competent**
E4	**competent**
E5	**competent**

What worked

- You opened with a question about the patient's worry before you gave any information.
- You gave the warning signs in short chunks and offered a written list.
- Plain words for the lay patient, with no unexplained medical terms.

What to change next time

- Ask the patient what they already know about pain relief before you explain it.
- Check understanding after the warning signs with a question, not only an offer to write them down.
- Reduce fillers such as "um" at the start of explanations.

Turn by turn — 303 words

Turn	Your words	Fillers	Repeats	Patient words	Length of your turn
1	18	0	0	12	
2	16	0	0	20	
3	17	0	0	12	
4	31	1	0	14	
5	28	0	0	7	
6	24	0	0	12	
7	39	0	0	6	
8	25	0	0	6	

Red marks a filler (um, er) and orange a word said twice in a row. Counted from the transcript.

You: Good morning, Mr Qureshi. I'm Rani, one of the nurses on the ward. How are you feeling today?
Patient: Morning. The hip is sore, but it's going home that worries me.

You: I'm sorry to hear that. Can you tell me what worries you most about going home?
Patient: I'm afraid I will fall. My wife has a bad back, so she can't lift me if I go down.

You: That sounds frightening, and it's understandable after an operation. Have you had any falls since the surgery?
Patient: No, not here. But I do feel unsteady when I stand up.

You: Thank you for telling me. **Um,** before you leave, the physiotherapist will check that you can use your frame safely on the stairs and in the bathroom. How does that sound?
Patient: That would help. What should I take if the pain is bad at night?

You: You will go home with paracetamol to take regularly and a stronger tablet for the nights. Take it with food, and don't wait until the pain is severe.
Patient: And who will help me with showering?

You: A community nurse will visit daily for the first week and help you wash. We will also arrange a shower stool before you leave.
Patient: That's a relief. What should I look out for after I leave?

You: Please call the ward if the wound becomes red, hot or leaks fluid, if you have a fever, or if your calf becomes swollen or painful. If you fall or can't put weight on the leg, call an ambulance.
Patient: Right. I will tell my wife.

You: Would you like me to write all of that down for you and your wife? And is there anything else you would like to ask?
Patient: That would help. Thank you, nurse.

How to improve

Written from your own role-play. None of it changed your score.

Do this next time

1. After explaining the warning signs, ask Mr Qureshi to say back what he will do.
2. Find out what he already knows about his pain tablets before you explain them.
3. Drop "um" at the start of explanations: pause silently instead.

Your words, stronger

You will go home with paracetamol to take regularly and a stronger tablet for the nights.

What have they told you about your tablets so far? Then I can tell you what is different at home.

Invites the patient's own understanding before you give information.

Phrases to have ready

“Can you tell me more about that?”
Opening up a worry without leading.

“Let me check I have explained that clearly.”
After giving information in a long turn.

“What would help you most?”
Moving from concerns to a plan.

This role-play's nine criteria and their boundaries are OET's own; the 0-500 figure between them is EEC's. Intelligibility here is inferred from how clearly the transcriber resolved your words — a fair guide to how much effort a listener spends, but not a measurement of it, and either way it cannot award the top band, which asks for stress and intonation used effectively. The 0–500 score and grade are EEC's estimate of what OET would report, not an OET result. OET marks each paper twice, combines the two marks statistically and adjusts every test date for how hard that paper turned out to be — none of which is published. The grade boundaries themselves (450 for A, 350 for B) are OET's own.

Writing

Sample Test 5 — Aarav Mehta · Receipt No: 000001

ESTIMATED SCORE	ESTIMATED GRADE	CRITERIA TOTAL
430 /500	**B**	**33** / 38

Grade B needs 27 of 38 across the six criteria. This letter is at or above that.

Where your marks went

5 of 38 lost, most first: Content -1 · Conciseness & Clarity -1 · Genre & Style -1 · Organisation & Layout -1 · Language -1.

1 more mark would reach an estimated grade A (34 of 38).

Criteria

Purpose — 3 / 3

How clearly the writing communicates the purpose of the document to the reader. The purpose should be introduced early and then clearly expanded on later, so the reader never has to search for it.

The opening sentence names the patient and the request: "ask you to visit her on 14 March".

Purpose visible: immediate · Purpose expanded: partial

Content — 6 / 7

Whether all key information is included, whether it is accurately represented, and whether it is pitched at what this reader needs to know to continue care.

Most key facts are present and accurate; the home-support needs and the cast check are both covered.

Key information: complete · Accuracy to notes: accurate · Reader fit: mostly

Conciseness & Clarity — 6 / 7

Whether unnecessary information from the notes is included and how distracting that is, and how well the case is summarised and how clearly the summary is presented.

The letter keeps to the relevant notes and stays inside the word range with no wasted detail.

Irrelevant detail: little · Summarising: effective

Genre & Style — 6 / 7

Whether the letter is written in a clinical/factual manner without personal feelings or judgements, and whether register, tone and the use of abbreviations suit this particular reader — a colleague in the same discipline warrants shorthand a GP or a patient does not.

Formal, polite and clinical in tone; terms such as "fracture clinic review" suit a nurse reader.

Register and tone: appropriate · Technical language: minor

Organisation & Layout — 6 / 7

Whether the paragraphing is appropriate, whether sub-sections are logically organised, whether key information is clearly highlighted so it is not missed, and whether the layout suits the document.

Clear paragraphs in a logical order: purpose, admission, function, home, then the request.

Paragraphing: clear · Key info stands out: occasional · Letter layout: well laid out

Language 6 / 7

Whether the language is accurate and appropriately used, judged only by whether it facilitates or obstructs the reader retrieving information — comprehension and reading speed, not elegance.

Accurate grammar and varied sentence structure; only small slips in punctuation.

Accuracy: accurate · Effect on meaning: negligible

What the case notes required

- **Covered:** Admitted 5 March after a fall at home
- **Covered:** Fractured left wrist, treated with a cast
- **Covered:** Mild confusion on day 2, settled after a urine infection was treated
- **Covered:** Walks 50 metres with a walking frame after physiotherapy
- **Covered:** Takes amlodipine 5 mg daily, new paracetamol for pain
- **Covered:** Community nurse visit on 14 March to check the cast
- **Covered:** Fracture clinic review in two weeks
- **Covered:** Lives alone, daughter nearby
- **Covered:** Needs help with shopping and meals for two weeks
- **Covered:** Home safety check by an occupational therapist

What worked

- The first sentence says who the patient is and what you want the community nurse to do.
- Dates and doses match the case notes.
- Paragraphs follow the order a busy reader needs.

What to change next time

- Add the reason for the visit on 14 March to the first sentence.
- Join two short sentences in the admission paragraph to keep the letter near 180 words.
- Start the last paragraph with the action you want, then the clinic date.

Your letter — 186 words

Ms Priya Raman
Community Nurse
Eastside Community Health Centre

12 March 2026

Dear Ms Raman,

Re: Mrs Lakshmi Varghese, aged 72

I am writing to hand over the care of Mrs Varghese, who is being discharged to her ground-floor flat today, and to ask you to visit her on 14 March.

Mrs Varghese was admitted on 5 March after a fall at home that fractured her left wrist, which was treated with a cast. On the second day she became mildly confused, which settled once a urine infection was treated. She has now finished her course of antibiotics.

She uses a walking frame and, after two physiotherapy sessions, now walks 50 metres safely. Her regular medicine is amlodipine 5 mg daily, and she has been started on paracetamol to control her pain.

Mrs Varghese lives alone, although her daughter lives nearby. She will need help with shopping and meals for the next two weeks, and an occupational therapist will carry out a safety check of her home.

I would be grateful if you could check her cast when you visit on 14 March. She also has a review at the fracture clinic in two weeks, and I would appreciate it if you could remind her to attend.

Thank you for your help.

Yours sincerely,

Rani Thomas
Registered Nurse, Ward 4

How to improve

Written from your own letter. None of it changed your score.

Do this next time

1. Put the reason for the 14 March visit in your first sentence so the reader can act at once.
2. Merge the two short sentences about the antibiotic and the infection.
3. Close with the single most urgent request, then the clinic date.

Your words, stronger

She uses a walking frame and, after two physiotherapy sessions, now walks 50 metres safely.

After two physiotherapy sessions she walks 50 metres safely with a frame.

Shorter and the frame is a detail, not the subject.

She has now finished her course of antibiotics.

Her antibiotic course is complete.

Fewer words for the same fact; keeps the letter concise.

Phrases to have ready

“I would be grateful if you could”
Making a polite request to a colleague.

“She will require”
Stating a continuing need without sounding like an order.

“for your information”
Adding a detail that needs no action.

This letter's six criteria and their boundaries are OET's own; the 0-500 figure between them is EEC's. The 0–500 score and grade are EEC's estimate of what OET would report, not an OET result. OET marks each paper twice, combines the two marks statistically and adjusts every test date for how hard that paper turned out to be — none of which is published. The grade boundaries themselves (450 for A, 350 for B) are OET's own.

Writing progress — Nursing letters

Sample Test 5 — Aarav Mehta · Receipt No: 000001

LATEST · SAMPLE TEST 5	BEST · SAMPLE TEST 5	AVERAGE · LAST 5	GRADE B REACHED
33 / 38	**33** / 38	**30.2** / 38	**5** of 5
est. 430 · B	est. 430 · B	est. 392	recent letters at 27+ of 38



Up 3 marks (out of 38) across your last 5 letters.
Your latest letter is at or above grade B (27 of 38, a score of 350).
Your target is 450: 20 to go on your latest estimate.

Compared with your previous letter (Sample Test 6)

Criteria total 30 to 33 (+3) · estimated score 390 to 430 (+40)
Purpose: 3 to 3 of 3 (0)
Content: 6 to 6 of 7 (0)
Conciseness & Clarity: 5 to 6 of 7 (+1)
Genre & Style: 5 to 6 of 7 (+1)
Organisation & Layout: 6 to 6 of 7 (0)
Language: 5 to 6 of 7 (+1)

The six criteria · last 5 letters

Each bar is a share of that criterion's own maximum: Purpose is out of 3, the other five out of 7.

Purpose	**2.8 / 3 · 93%**
Content	**6 / 7 · 86%**
Conciseness & Clarity (lowest)	**5.2 / 7 · 74%**
Genre & Style	**5.4 / 7 · 77%**
Organisation & Layout	**5.6 / 7 · 80%**
Language	**5.2 / 7 · 74%**

Fix this first in Writing

Conciseness & Clarity: 5.2 / 7 (74%) across your last 5 letters.

Whether unnecessary information from the notes is included and how distracting that is, and how well the case is summarised and how clearly the summary is presented.

Key facts from the case notes, last 5 letters: 44 of 50 covered, 6 missing, 0 stated incorrectly.

Counts 5 marked letters in this profession. The criteria total out of 38 is the firmer figure. The 0–500 score and grade are EEC's estimate of what OET would report, not an OET result. OET marks each paper twice, combines the two marks statistically and adjusts every test date for how hard that paper turned out to be — none of which is published. The grade boundaries themselves (450 for A, 350 for B) are OET's own.

Speaking progress — Nursing role-plays

Sample Test 5 — Aarav Mehta · Receipt No: 000001

LATEST · SAMPLE TEST 5	BEST · SAMPLE TEST 5	AVERAGE · LAST 5	GRADE B REACHED
35 / 39	**35** / 39	**32.4** / 39	**5** of 5
est. 480 · A	est. 480 · A	est. 468	recent role-plays at 23+ of 39



Up 3 marks (out of 39) across your last 5 role-plays.
Your latest role-play is at or above grade B on this marking (23 of 39).
Your target is 450: your latest estimate meets it.

Language and clinical communication

Language: 21.4 of 24 (89%)
Clinical communication: 11 of 15 (73%)
Two separate shares, never added into one mark: the halves are marked on different scales.

Compared with your previous role-play (Sample Test 6)

Criteria total 33 to 35 (+2) · estimated score 470 to 480 (+10)
Language: Intelligibility 5 to 5 (0) · Fluency 6 to 6 (0) · Appropriateness of Language 5 to 6 (+1) · Resources of Grammar and Expression 5 to 6 (+1)
Clinical communication: Relationship building 2 to 2 (0) · Understanding & incorporating the patient's perspective 2 to 2 (0) · Providing structure 3 to 3 (0) · Information gathering 3 to 3 (0) · Information giving 2 to 2 (0)

The nine criteria · last 5 role-plays

Each bar is a share of that criterion's own maximum: the language four are out of 6, the clinical five out of 3.

Intelligibility	**5 / 6 · 83%**
Fluency	**6 / 6 · 100%**
Appropriateness of Language	**5.2 / 6 · 87%**
Resources of Grammar and Expression	**5.2 / 6 · 87%**
Relationship building (clinical) (lowest)	**2 / 3 · 67%**
Understanding & incorporating the patient's perspective (clinical)	**2 / 3 · 67%**
Providing structure (clinical)	**2.6 / 3 · 87%**
Information gathering (clinical)	**2.4 / 3 · 80%**
Information giving (clinical)	**2 / 3 · 67%**

Fix this first in Speaking

Relationship building: 2 / 3 (67%) across your last 5 role-plays.
How the interaction is opened, and the attitude shown to the patient throughout.
A clinical criterion, judged against a simulated patient: the least certain part of the estimate.

Delivery over time

Speaking rate: latest 132 words a minute (before 130), average 128 over 5 · 120–150 · on guide
Words between interruptions: latest 14.2 words (before 13.8), average 13.4 over 5 · 10 or more · on guide
Pauses: latest 2.8 a minute (before 2.8), average 2.8 over 5 · fewer is smoother
Fillers (um, er): latest 0.8 a minute (before 0.8), average 0.8 over 5 · fewer is smoother
Words a listener would follow counts only role-plays measured on the audio (0 of 5).

Counts 5 marked role-plays in this profession. Clinical communication was judged against a simulated patient. Grade B sits at 23 of 39 on this marking, not the 30 OET describes. The criteria total is the firmer figure. The 0–500 score and grade are EEC's estimate of what OET would report, not an OET result. OET marks each paper twice, combines the two marks statistically and adjusts every test date for how hard that paper turned out to be — none of which is published. The grade boundaries themselves (450 for A, 350 for B) are OET's own.