WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Oman OMSB

Family Medicine Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 1010 questions · 3 papers

1010	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Family Medicine Gulf Specialist Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

1010	3	13	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 205 easier, 543 standard and 262 harder questions, marked on each one.

Prevention, chronic disease and geriatrics 130 · Internal medicine in primary care 119 · Adult and paediatric emergencies 118 · Mental health 95 · Women's health and obstetrics 93 · Child health 91 · Surgery and urology in primary care 59 · Evidence, public health and ethics 55 · Musculoskeletal and orthopaedics 55 · Ear, nose and throat 50 · Eyes 49 · Dermatology 48 · Imaging 48

The exam you are sitting

DHA: DHA Specialist Family Medicine exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Family Medicine exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Family Medicine	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Family Medicine (OEFM)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf specialist family medicine exams differ in length and scoring: the DHA Specialist Family Medicine exam (FAM5871) has 150 questions in 3 hours with a 60% pass score, the Qatar DHP qualifying exam 150 questions with 65%, and the Oman OEFM 100 questions in 2 hours 30 minutes with 65%. The 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Prevention, chronic disease and geriatrics	**130**	13%
Internal medicine in primary care	**119**	12%
Adult and paediatric emergencies	**118**	12%

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Topic	Questions in this pack	Share
Mental health	**95**	9%
Women's health and obstetrics	**93**	9%
Child health	**91**	9%
Surgery and urology in primary care	**59**	6%
Evidence, public health and ethics	**55**	5%
Musculoskeletal and orthopaedics	**55**	5%
Ear, nose and throat	**50**	5%
Eyes	**49**	5%
Dermatology	**48**	5%
Imaging	**48**	5%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   830 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

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What is in the download

5 PDFs, each with its own cover, named **Wathim - Family Medicine Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	830 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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FAMILY MEDICINE EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Internal medicine in primary care EASY

A 55-year-old man has an isolated raised alkaline phosphatase on routine bloods, with normal ALT and bilirubin. He has mild bone pain. What is the best next test to decide whether the source is liver or bone?

A. Antimitochondrial antibody
B. Gamma-glutamyl transferase
C. Magnetic resonance cholangiopancreatography
D. Liver biopsy

Q2 Internal medicine in primary care STANDARD

A 66-year-old man has eight months of progressive dry cough and exertional breathlessness. There are fine bibasal end-inspiratory crackles and finger clubbing. The chest X-ray shows reticular shadowing at both bases. What is the most appropriate next investigation?

A. Repeat chest X-ray in three months
B. High-resolution CT of the chest
C. A trial of inhaled bronchodilator with peak flow monitoring
D. Bronchoscopy with bronchoalveolar lavage as first investigation

Q3 Internal medicine in primary care EASY

A 62-year-old man has had three months of epigastric discomfort and has lost 6 kg without trying. He has no vomiting. What is the best next step?

A. Test for Helicobacter pylori and treat if positive
B. Give a four-week trial of a proton pump inhibitor and review
C. Request a barium meal as an outpatient
D. Refer urgently for upper gastrointestinal endoscopy

Q4 Internal medicine in primary care EASY

A 58-year-old woman has sudden spinning vertigo lasting about 30 seconds when she rolls over in bed or looks up. The Dix-Hallpike test provokes torsional nystagmus. Which treatment is most appropriate?

A. The Epley canalith repositioning manoeuvre
B. Regular prochlorperazine for several weeks
C. Urgent MRI of the brain and then specialist referral
D. Bed rest for several days

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Q5 Prevention, chronic disease and geriatrics HARD

A 58-year-old man with low libido, fatigue and erectile dysfunction has a total testosterone of 9 nmol/L (260 ng/dL) on one random afternoon sample. What is the best next step?

(A) Start testosterone replacement straight away on this single result

(B) Order a prostate biopsy before any further hormone testing

(C) Reassure him that this result is normal for a man of his age

(D) Repeat early-morning fasting total testosterone with LH and FSH

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**B**	2	**B**	3	**D**	4	**A**	5	**D**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **B Gamma-glutamyl transferase**

Alkaline phosphatase is found in liver, bone and other tissues, and a normal gamma-glutamyl transferase suggests a non-hepatic source such as bone disease, while a raised value points to the liver or biliary tract. Antimitochondrial antibody tests for primary biliary cholangitis and is sensible only once a cholestatic liver origin is established. Cholangiography and biopsy are invasive or costly steps that come much later.

Source: Murtagh's General Practice; Harrison's Principles of Internal Medicine

Q2 Answer: **B High-resolution CT of the chest**

Fine crackles and clubbing with a reticular pattern suggest interstitial lung disease such as idiopathic pulmonary fibrosis, and high-resolution CT is the key test, since the pattern of fibrosis often establishes the diagnosis without biopsy. Waiting for repeat radiography delays a progressive condition. A bronchodilator trial is for airflow obstruction, and obstructive spirometry is not expected here. Bronchoscopy is considered only after CT when the pattern is not diagnostic.

Source: Harrison's Principles of Internal Medicine; Murtagh's General Practice

Q3 Answer: **D Refer urgently for upper gastrointestinal endoscopy**

New dyspepsia with weight loss in a patient over 55 is an alarm feature that requires prompt endoscopy to exclude gastric or oesophageal cancer. Test-and-treat strategies and empirical acid suppression are for younger patients without alarm features, and a proton pump inhibitor may mask or delay the diagnosis. A barium meal is less sensitive than endoscopy and cannot provide biopsies.

Source: Murtagh's General Practice; Rakel Textbook of Family Medicine

Q4 Answer: **A The Epley canalith repositioning manoeuvre**

Brief positional vertigo with a positive Dix-Hallpike test is benign paroxysmal positional vertigo, due to displaced otoconia in the posterior semicircular canal, and the Epley manoeuvre resolves it in most patients. Vestibular suppressants such as prochlorperazine delay compensation and are not recommended for long-term use. MRI is needed only for atypical features or central signs. Bed rest does not help and may prolong recovery.

Source: Murtagh's General Practice; AAO-HNS benign paroxysmal positional vertigo guideline

Q5 Answer: **D Repeat early-morning fasting total testosterone with LH and FSH**

Testosterone follows a diurnal rhythm and is affected by acute illness, obesity and food, so a diagnosis of hypogonadism requires symptoms plus two separate early-morning low total testosterone measurements, with LH and FSH to distinguish primary from secondary causes. Starting treatment on one afternoon value risks treating a normal variant. Prostate biopsy has no role at this point. Calling it normal for age ignores the symptoms and the need for confirmation.

Source: Endocrine Society testosterone therapy guideline; Murtagh's General Practice

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	830 more questions by topic with the answer under each, and the night-before list
Total	1010 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/family-medicine-practice**

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