WATHIM

GCC exam prep

PRACTICE PACK

DHA | DOH | SCFHS | Qatar DHP | Bahrain NHRA | Oman OMSB | Kuwait MOH

General Practitioner (GP) 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 · 1070 questions · 3 papers

1070	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

General Practitioner (GP) Gulf Licensing Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

1070	3	22	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: 260 easier, 573 standard and 237 harder questions, marked on each one.

Obstetrics and gynaecology 203 · Paediatrics 193 · General surgery 70 · Emergency medicine 65 · ENT and ophthalmology 48 · Family and community medicine 46 · Rheumatology and dermatology 37 · Trauma and orthopaedics 37 · Psychiatry 36 · Cardiology 35 · Respiratory medicine 30 · Gastroenterology and hepatology 30 · Endocrinology and diabetes 30 · Neurology 30 · Haematology and oncology 28 · Infectious diseases 28 · Nephrology 26 · Urology 26 · Anaesthesia and critical care 26 · Radiology and choosing investigations 20 · Ethics and patient safety 14 · Biostatistics and research 12

The exam you are sitting

DHA: DHA exam for doctors (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
DOH: DOH licensing exam (Abu Dhabi)	Pass mark: Not published by DOH *Wathim guide, checked 2026-11-15*
MOHAP: MOHAP exam (Northern Emirates)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
SCFHS: SMLE, Saudi Medical Licensure Exam	Questions: 200, in 2 parts of 120 min. Pass mark: 560 (scale 200-800) *Wathim guide, checked 2026-11-20*
Qatar DHP: DHP (QCHP) qualifying exam	Questions: 150 MCQs, 3 hours *Wathim guide, checked 2026-11-15*
Bahrain NHRA: NHRA licensure exam	Pass mark: 60% *Wathim guide, checked 2026-11-15*
Oman OMSB: OMSB exam for doctors (OEGP)	Questions: 150 MCQs, 2 h 45 min. Pass mark: 60% *Wathim guide, checked 2026-11-20*
Kuwait MOH: Kuwait MOH Prometric exam	Questions: 150 MCQs. Pass mark: 60% *Wathim guide, checked 2026-11-15*

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 medical licensing exams differ in length and scoring: the DHA general practitioner exam is a computer test at Prometric with 150 questions in 3 hours and a pass score of 60 percent (DHA CBT guideline, September 2026, code GEN5331), and the Saudi SMLE has 200 questions and a scaled pass score. No single percentage pass mark is set here; 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 on core clinical knowledge, not real or recalled exam questions, and they are not mapped one to one to any exam blueprint.

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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
Obstetrics and gynaecology	**203**	19%
Paediatrics	**193**	18%
General surgery	**70**	7%
Emergency medicine	**65**	6%
ENT and ophthalmology	**48**	4%
Family and community medicine	**46**	4%
Rheumatology and dermatology	**37**	3%
Trauma and orthopaedics	**37**	3%
Psychiatry	**36**	3%
Cardiology	**35**	3%
Respiratory medicine	**30**	3%
Gastroenterology and hepatology	**30**	3%
Endocrinology and diabetes	**30**	3%
Neurology	**30**	3%
Haematology and oncology	**28**	3%
Infectious diseases	**28**	3%
Nephrology	**26**	2%
Urology	**26**	2%
Anaesthesia and critical care	**26**	2%
Radiology and choosing investigations	**20**	2%
Ethics and patient safety	**14**	1%
Biostatistics and research	**12**	1%

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.

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> 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**
   890 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - General Practitioner (GP) 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	890 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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GENERAL PRACTITIONER (GP) EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Obstetrics and gynaecology HARD

A 35-year-old woman reports 4 months of rapidly progressive hirsutism, deepening of her voice and clitoral enlargement. Her serum testosterone is several times the upper limit of normal. What is the most appropriate next step?

- (A) Reassure her and recheck in a year
- (B) Start metformin for polycystic ovary syndrome
- (C) Imaging of ovaries and adrenals for an androgen-secreting tumour
- (D) A 6-month trial of the combined oral contraceptive pill and review

Q2 Obstetrics and gynaecology STANDARD

A 30-year-old woman with regular cycles has had 18 months of subfertility. She had pelvic inflammatory disease from chlamydia 5 years ago. Which of these investigations best assesses her fallopian tubes?

- (A) Hysterosalpingography
- (B) Serum anti-Mullerian hormone
- (C) Serum prolactin
- (D) Endometrial biopsy

Q3 Obstetrics and gynaecology EASY

A 30-year-old woman asks how a copper intrauterine device prevents pregnancy. What is the main mechanism?

- (A) Copper is toxic to sperm and ova, preventing fertilisation
- (B) Dislodging an established pregnancy from the uterine wall
- (C) Suppression of ovulation by feedback on the hypothalamus and pituitary
- (D) Daily release of progestogen that thickens cervical mucus

Q4 Obstetrics and gynaecology STANDARD

A 25-year-old woman taking the combined oral contraceptive pill starts rifampicin for tuberculosis. By which mechanism does rifampicin reduce contraceptive effectiveness?

- (A) Hepatic enzyme induction speeding hormone breakdown
- (B) Reduced absorption because of vomiting
- (C) Competition for oestrogen receptors in the endometrium
- (D) Increased renal excretion of ethinylestradiol

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Q5 Obstetrics and gynaecology STANDARD

A 19-year-old woman has used depot medroxyprogesterone acetate for 3 years and asks about long-term effects. Which statement is correct?

A. Fertility returns within 2 months of the last injection

B. It lowers bone density, which largely recovers after stopping

C. It permanently reduces fertility after the injections are stopped

D. It markedly increases the risk of ovarian cancer

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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	2	3	4	5
C	A	A	A	B

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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: **C Imaging of ovaries and adrenals for an androgen-secreting tumour**

Rapid onset of virilisation (voice change, clitoromegaly) with markedly raised testosterone suggests an androgen-secreting ovarian or adrenal tumour, not polycystic ovary syndrome, which causes slowly progressive mild hyperandrogenism. Pelvic ultrasound with adrenal imaging is needed urgently. A trial of the pill would delay diagnosis of a possible tumour. Metformin treats insulin resistance in polycystic ovary syndrome and does not address virilisation. Reassurance is unsafe with these features.

Source: Speroff's Clinical Gynecologic Endocrinology and Infertility

Q2 Answer: **A Hysterosalpingography**

A history of pelvic infection puts the tubes at risk of blockage, and hysterosalpingography (or a contrast ultrasound equivalent) shows tubal patency and the uterine cavity. Where there is a history of pelvic infection some guidelines prefer laparoscopy with dye testing, but it is the only tubal test among these options. Anti-Mullerian hormone estimates ovarian reserve and does not show whether tubes are open. Endometrial biopsy assesses the endometrium, not the tubes, and is not part of routine subfertility assessment. Serum prolactin screens for ovulatory disorders, and her regular cycles make this unlikely.

Source: Dewhurst's Textbook of Obstetrics and Gynaecology

Q3 Answer: **A Copper is toxic to sperm and ova, preventing fertilisation**

Copper released into the uterine and tubal fluid is toxic to sperm, impairing their function so that fertilisation does not occur, and it also provokes a local inflammatory reaction in the endometrium. Ovulation continues normally, so the cycle is not suppressed. The device is not an abortifacient and does not end an established pregnancy. Thickening of cervical mucus by progestogen describes hormonal methods such as the levonorgestrel system, not copper.

Source: WHO Medical Eligibility Criteria for Contraceptive Use

Q4 Answer: **A Hepatic enzyme induction speeding hormone breakdown**

Rifampicin is a strong inducer of hepatic cytochrome P450 enzymes, which increases clearance of both oestrogen and progestogen and can allow ovulation, so a method unaffected by enzyme inducers, such as an intrauterine device, is preferred. Rifampicin does not compete at endometrial receptors. It does not act by increasing renal excretion of the pill hormones. Vomiting is a separate cause of pill failure, not the mechanism of this interaction.

Source: WHO Medical Eligibility Criteria for Contraceptive Use

Q5 Answer: **B It lowers bone density, which largely recovers after stopping**

Depot medroxyprogesterone acetate suppresses oestradiol, which reduces bone mineral density during use; the loss is largely reversible after discontinuation, so bone health is part of counselling in adolescents. It does not cause permanent infertility, although return to fertility can be delayed by many months. It does not raise ovarian cancer risk and may reduce endometrial cancer risk. Prompt return of fertility is incorrect, as delay is a recognised feature.

Source: WHO Medical Eligibility Criteria for Contraceptive Use

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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	890 more questions by topic with the answer under each, and the night-before list
Total	1070 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/general-practitioner-practice**

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