WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Kuwait MOH | Oman OMSB

Ophthalmology 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 · 1039 questions · 3 papers

1039	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

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

1039	3	10	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: 243 easier, 546 standard and 250 harder questions, marked on each one.

Cornea, cataract and refractive surgery 168 · Retina and vitreous 145 · Paediatric ophthalmology and strabismus 133 · Glaucoma 130 · Oculoplastics, lacrimal and orbit 120 · Neuro-ophthalmology 90 · Optics, pathology and the eye in systemic disease 83 · Uveitis 80 · Patient safety 45 · Professionalism and ethics 45

The exam you are sitting

DHA: DHA Specialist Ophthalmology exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Ophthalmology exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Ophthalmology	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Kuwait MOH: Kuwait MOH Ophthalmology exam (Prometric)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Ophthalmology (OEOPTH)	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 ophthalmology exams differ in length and scoring: the DHA Specialist Ophthalmology exam (OPH5841) has 150 questions in 3 hours with a 65% pass score, the Qatar DHP qualifying exam 150 questions with 65%, the Kuwait MOH exam 150 questions in 170 minutes with 65% at registrar level, and the Oman OEOPTH 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
Cornea, cataract and refractive surgery	**168**	16%

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Topic	Questions in this pack	Share
Retina and vitreous	**145**	14%
Paediatric ophthalmology and strabismus	**133**	13%
Glaucoma	**130**	13%
Oculoplastics, lacrimal and orbit	**120**	12%
Neuro-ophthalmology	**90**	9%
Optics, pathology and the eye in systemic disease	**83**	8%
Uveitis	**80**	8%
Patient safety	**45**	4%
Professionalism and ethics	**45**	4%

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**
   859 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 - Ophthalmology 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	859 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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OPHTHALMOLOGY EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Retina and vitreous EASY

A 20-year-old high myope has been treated by scleral buckling. What refractive change is expected after surgery?

A. A shift towards emmetropia in a myopic eye
B. A shift towards hypermetropia from corneal flattening
C. No change in refraction
D. More myopia, from axial elongation by the buckle

Q2 Cornea, cataract and refractive surgery HARD

A 35-year-old woman has unilateral blurred vision, corneal oedema and pressure of 32 mm Hg. Specular microscopy of the affected eye shows pleomorphic endothelial cells with dark centres and light borders. The iris shows atrophy with a displaced pupil and peripheral anterior synechiae. Which condition is most likely?

A. Iridocorneal endothelial syndrome
B. Fuchs endothelial dystrophy
C. Posterior polymorphous dystrophy
D. Axenfeld-Rieger syndrome

Q3 Cornea, cataract and refractive surgery STANDARD

A 25-year-old contact lens wearer is assessed for refractive surgery. Why should soft lens wear be stopped for a period before the baseline topography and refraction are measured?

A. To allow the epithelium to thicken ready for the ablation procedure
B. To lower the risk of endothelial cell loss during the laser
C. To prevent dry eye from developing after the surgery itself
D. To avoid corneal warpage distorting keratometry and refraction

Q4 Cornea, cataract and refractive surgery STANDARD

A 30-year-old has bilateral recurrent grey-white coarse punctate epithelial lesions in the central cornea. The conjunctiva is quiet, there is no discharge, and the lesions stain with fluorescein. Symptoms flare and remit over years. Which is the best treatment?

A. Topical aciclovir ointment given for many months
B. Topical natamycin for a presumed fungal process
C. Low-potency topical corticosteroid, tapered to the lowest dose
D. Topical broad-spectrum antibiotic for presumed infection

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Q5 Cornea, cataract and refractive surgery EASY

In general, which type of chemical injury penetrates the eye more deeply and causes the worse intraocular damage?

(A) Alkali, because it saponifies membrane lipids and passes quickly into the anterior chamber

(B) Acid, because hydrogen ions diffuse through the stroma faster than hydroxide ions

(C) Acid, because the coagulated epithelium traps the chemical against the cornea

(D) Both behave alike, because severity is set by contact time and pH rather than the chemical class

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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	**D**	2	**A**	3	**D**	4	**C**	5	**A**

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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: **D More myopia, from axial elongation by the buckle**

A scleral buckle indents the globe and lengthens the axial length, so the refraction usually shifts in the myopic direction, and may also induce astigmatism. This is an expected and often correctable consequence. Other complications include diplopia, buckle extrusion, infection and anterior segment ischaemia. A hypermetropic or neutral shift is not the usual result of an encircling element. Surgeons counsel patients about this change before buckling a myopic eye.

Source: Kanski's Clinical Ophthalmology

Q2 Answer: **A Iridocorneal endothelial syndrome**

Unilateral involvement in a young to middle-aged woman with corneal oedema, glaucoma, progressive iris atrophy and peripheral anterior synechiae, and specular microscopy showing abnormal 'reversed' endothelial cells, define iridocorneal endothelial syndrome, in which an abnormal endothelium grows across the angle and iris. Fuchs dystrophy is bilateral with guttae and no iris changes. Posterior polymorphous dystrophy is bilateral and familial, with vesicles. Axenfeld-Rieger syndrome is bilateral and congenital, with a prominent Schwalbe line.

Source: Kanski's Clinical Ophthalmology

Q3 Answer: **D To avoid corneal warpage distorting keratometry and refraction**

Contact lenses, especially rigid and long-term soft lenses, alter corneal shape and refraction, and a distorted baseline can produce an incorrect treatment or hide early ectasia; wear is stopped until topography and refraction are stable on repeated measurements. Epithelial thickness is not meant to increase for the ablation. Lens wear does not appreciably cause endothelial cell loss at this level. Dry eye is related to the operation, not to the pre-operative break from lenses.

Source: AAO Basic and Clinical Science Course: Refractive Surgery

Q4 Answer: **C Low-potency topical corticosteroid, tapered to the lowest dose**

Thygeson superficial punctate keratitis is a bilateral, chronic, remitting disease with coarse, slightly raised epithelial lesions and a quiet eye, and it responds quickly to low-dose topical corticosteroid, which is tapered, though recurrence on stopping is common. Antiviral drugs have not been shown to be effective. Antifungal therapy is not appropriate for a bilateral sterile process. Antibiotics have no effect as the condition is not infective.

Source: AAO Basic and Clinical Science Course: External Disease and Cornea

Q5 Answer: **A Alkali, because it saponifies membrane lipids and passes quickly into the anterior chamber**

Alkalis are lipophilic, saponify cell membranes and penetrate the cornea within minutes into the anterior chamber, where they damage the trabecular meshwork, lens, iris and ciliary body, so ammonia and lye cause the most severe injuries. Acids coagulate proteins, which forms a barrier that limits penetration, so they are usually less damaging, apart from hydrofluoric acid. Hydrogen ion diffusion does not explain depth. Contact time and pH matter, but chemical class still predicts penetration.

Source: Wills Eye Manual

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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	859 more questions by topic with the answer under each, and the night-before list
Total	1039 original questions, every one answered and sourced

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

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