WATHIM

GCC exam prep

PRACTICE PACK

DHA | SCFHS | Qatar DHP | Bahrain NHRA | Oman OMSB

Pharmacist 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 · 752 questions · 3 papers

752	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

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

752	3	36	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: 167 easier, 437 standard and 148 harder questions, marked on each one.

Pharmaceutical calculations 57 · Basic biomedical sciences 39 · Anti-infective therapy 34 · Pharmacokinetics 29 · Dosage forms and pharmaceutics 29 · Cardiovascular therapeutics 27 · Biostatistics and evidence-based practice 27 · Dispensing and prescription review 26 · CNS and psychiatric therapeutics 24 · Sterile compounding 24 · Medication safety 24 · Diabetes and endocrine therapeutics 22 · Patient counselling 22 · Ethics and professional practice 22 · Pharmacy management, inventory and quality 21 · Anticoagulation and haematology 20 · Medicinal chemistry 20 · Pharmacoeconomics and epidemiology 20 · Over-the-counter medicines and minor ailments 19 · Biopharmaceutics 18 · Respiratory therapeutics 17 · Gastrointestinal therapeutics 17 · Pain and analgesia 17 · Drug interactions 16 · Renal therapeutics, fluids and electrolytes 14 · Adverse drug reactions 14 · Paediatric and geriatric pharmacy 14 · Stability and storage 14 · Clinical monitoring and laboratory values 14 · Pharmacognosy and supplements 14 · Toxicology and antidotes 13 · Pregnancy and lactation 13 · Public health and immunisation 13 · Drug information and literature evaluation 13 · Pharmacovigilance 13 · Oncology and immunology basics 12

The exam you are sitting

DHA: DHA exam for pharmacists (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
DOH: DOH licensing exam (Abu Dhabi)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
MOHAP: MOHAP exam (Northern Emirates)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
SCFHS: SPLE, Saudi Pharmacist Licensure Exam	Questions: 200, in 2 parts of 120 min. Pass mark: 536 (scale 200-800) *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar Prometric exam for pharmacists (DHP)	Questions: 150 MCQs. Pass mark: 60% *Wathim guide, checked 2026-11-20*
Bahrain NHRA: NHRA exam for pharmacists (BPLE)	Pass mark: 60% *Wathim guide, checked 2026-11-20*
Oman OMSB: Oman Prometric exam for pharmacists (OEP)	Pass mark: Pharmacist exam (OEP): 60% *Wathim guide, checked 2026-11-20*

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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 pharmacist licensing exams differ in length and scoring: the DHA exam is a computer test at Prometric with 150 multiple choice questions in 3 hours and a 60% pass mark (DHA CBT guideline, September 2026), and the Saudi SPLE 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 pharmacy knowledge, not real or recalled exam questions, and they are not mapped one to one to any exam blueprint.

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
Pharmaceutical calculations	**57**	8%
Basic biomedical sciences	**39**	5%
Anti-infective therapy	**34**	5%
Pharmacokinetics	**29**	4%
Dosage forms and pharmaceutics	**29**	4%
Cardiovascular therapeutics	**27**	4%
Biostatistics and evidence-based practice	**27**	4%
Dispensing and prescription review	**26**	3%
CNS and psychiatric therapeutics	**24**	3%
Sterile compounding	**24**	3%
Medication safety	**24**	3%
Diabetes and endocrine therapeutics	**22**	3%
Patient counselling	**22**	3%
Ethics and professional practice	**22**	3%
Pharmacy management, inventory and quality	**21**	3%
Anticoagulation and haematology	**20**	3%
Medicinal chemistry	**20**	3%
Pharmacoeconomics and epidemiology	**20**	3%
Over-the-counter medicines and minor ailments	**19**	3%
Biopharmaceutics	**18**	2%
Respiratory therapeutics	**17**	2%
Gastrointestinal therapeutics	**17**	2%
Pain and analgesia	**17**	2%
Drug interactions	**16**	2%

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Topic	Questions in this pack	Share
Renal therapeutics, fluids and electrolytes	**14**	2%
Adverse drug reactions	**14**	2%
Paediatric and geriatric pharmacy	**14**	2%
Stability and storage	**14**	2%
Clinical monitoring and laboratory values	**14**	2%
Pharmacognosy and supplements	**14**	2%
Toxicology and antidotes	**13**	2%
Pregnancy and lactation	**13**	2%
Public health and immunisation	**13**	2%
Drug information and literature evaluation	**13**	2%
Pharmacovigilance	**13**	2%
Oncology and immunology basics	**12**	2%

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.

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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**
   572 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 - Pharmacist 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	572 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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PHARMACIST EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Pharmacokinetics STANDARD

A drug has a volume of distribution of 40 L and a clearance of 4 L/h, and both stay constant. What is its approximate elimination half-life?

(A) About 3.5 hours
(B) About 10 hours
(C) About 14 hours
(D) About 7 hours

Q2 Basic biomedical sciences STANDARD

Which ion current maintains the plateau phase of the action potential in a ventricular myocyte and so prolongs contraction?

(A) Outward potassium current alone, which repolarises the cell rapidly after the upstroke
(B) Inward calcium current through L-type channels, balanced by outward potassium current
(C) Inward chloride current through ligand-gated channels activated by acetylcholine
(D) Inward sodium current through fast channels that stays open for about 200 milliseconds

Q3 Basic biomedical sciences STANDARD

After three days of complete fasting, which fuel does the brain increasingly use so that muscle protein is spared?

(A) Free fatty acids crossing the blood-brain barrier directly
(B) Ketone bodies made by the liver from fatty acids
(C) Muscle glycogen released as glucose into the blood
(D) Liver glycogen, which remains the main store after three days

Q4 Pharmacokinetics EASY

Which substance is eliminated by zero-order, saturable kinetics at the blood concentrations reached in ordinary social drinking, so that a roughly fixed amount is removed each hour?

(A) Ethanol
(B) Gentamicin
(C) Digoxin
(D) Paracetamol at therapeutic doses

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Q5 Basic biomedical sciences STANDARD

A woman has a haemoglobin of 9 g/dL (90 g/L), an MCV of 68 fL, a low serum ferritin and a raised total iron-binding capacity. Which diagnosis fits these findings?

A. Anaemia of chronic disease, which gives a normal or raised ferritin and a low iron-binding capacity

B. Sideroblastic anaemia, which gives raised iron stores with ring sideroblasts in the marrow

C. Iron deficiency anaemia, with depleted stores and a compensatory rise in transferrin

D. Beta-thalassaemia trait, which gives microcytosis with normal or raised iron stores

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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	**B**	3	**B**	4	**A**	5	**C**

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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 About 7 hours**

Elimination half-life equals 0.693 multiplied by the volume of distribution divided by clearance. Here 0.693 times 40 L is 27.7 L, and dividing by 4 L/h gives about 6.9 hours, so roughly 7 hours. A check: the elimination rate constant is clearance divided by volume, 0.1 per hour, and 0.693 divided by 0.1 is again 6.9 hours. The value of 10 hours is volume divided by clearance, which is the mean residence time and not the half-life, and 3.5 and 14 hours come from halving or doubling the result by mistake.

Source: Rowland and Tozer's Clinical Pharmacokinetics and Pharmacodynamics

Q2 Answer: **B Inward calcium current through L-type channels, balanced by outward potassium current**

After the fast sodium upstroke, L-type calcium channels open and calcium enters the cell, while outward potassium current balances it so the membrane potential stays near a plateau. Calcium entry also triggers calcium release from the sarcoplasmic reticulum, which drives contraction. Fast sodium channels inactivate within milliseconds. Outward potassium current alone would shorten, not hold, the plateau. Acetylcholine acts through potassium channels in nodal cells and slows the heart, and chloride current plays no part in the plateau.

Source: Guyton and Hall Textbook of Medical Physiology

Q3 Answer: **B Ketone bodies made by the liver from fatty acids**

During prolonged fasting the liver converts fatty acids to acetoacetate and beta-hydroxybutyrate, which cross the blood-brain barrier and replace much of the brain's glucose requirement, reducing the need to break down muscle protein for gluconeogenesis. Free fatty acids are carried bound to albumin and are not used directly by the brain. Muscle lacks glucose-6-phosphatase, so its glycogen cannot supply blood glucose. Liver glycogen is largely exhausted within about a day, so it cannot be the main source after three days.

Source: Lippincott Illustrated Reviews: Biochemistry

Q4 Answer: **A Ethanol**

Hepatic alcohol dehydrogenase is saturated at low ethanol concentrations, so the enzyme works at its maximum rate and removes a roughly constant amount per hour whatever the blood level. The concentration therefore falls in a straight line, and a small extra intake can raise the level disproportionately. Gentamicin, digoxin and paracetamol at therapeutic doses are cleared well below the capacity of their pathways and follow first-order kinetics, where a constant fraction is removed per unit time and the half-life stays constant.

Source: Rowland and Tozer's Clinical Pharmacokinetics and Pharmacodynamics

Q5 Answer: **C Iron deficiency anaemia, with depleted stores and a compensatory rise in transferrin**

A microcytic anaemia with low ferritin and a high iron-binding capacity indicates depleted iron stores; the liver makes more transferrin in response. In anaemia of chronic disease, hepcidin traps iron in stores, so ferritin is normal or high and iron-binding capacity is low. Beta-thalassaemia trait is microcytic, but iron studies are normal and the red cell count is high. Sideroblastic anaemia is characterised by iron overload in the marrow with ring sideroblasts, so ferritin is raised, not low.

Source: Robbins and Cotran Pathologic Basis of Disease

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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	572 more questions by topic with the answer under each, and the night-before list
Total	752 original questions, every one answered and sourced

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

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