WATHIM

GCC exam prep

PRACTICE PACK

DHA · SCFHS · Qatar DHP · Bahrain NHRA

Radiographer 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 · 720 questions · 3 papers

720	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

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

720	3	24	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: 146 easier, 418 standard and 156 harder questions, marked on each one.

Radiation protection 94 · Professional practice and ethics 72 · Radiation physics and X-ray production 60 · Radiographic anatomy and pathology 54 · Radiographic positioning and procedures 48 · Computed tomography 38 · Magnetic resonance imaging 38 · Image production and quality 34 · Ultrasound 34 · Nuclear medicine and bone densitometry 32 · Patient care and management 26 · Trauma, mobile and theatre radiography 20 · Contrast media and contrast procedures 18 · Cross-sectional anatomy 18 · Radiation biology 16 · Image evaluation and artefacts 16 · Digital imaging and PACS 14 · Infection control and safety 14 · Fluoroscopy and interventional radiography 14 · Paediatric and geriatric radiography 14 · Angiography 14 · Equipment and quality assurance 12 · Mammography 10 · Medical emergencies and pharmacology 10

The exam you are sitting

SCFHS: SRTLE, Saudi radiologic technologist licensure exam	Questions: 200, in 2 parts of 120 min. Pass mark: 530 (scale 200-800) *Wathim guide, checked 2026-11-20*
DHA: DHA Prometric exams (Dubai), including the radiographer exam	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC licensing exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar Prometric qualifying exam (DHP)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Bahrain NHRA: NHRA licensure exam	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Oman Prometric exam for radiographers (OERAD)	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 radiography licensing exams differ in length and scoring: the DHA radiographer exam is a computer test at Prometric with 150 multiple choice questions in 3 hours and a 55% pass mark (DHA CBT guideline, September 2026), the Oman exam for radiographers has 100 questions in 2 hours 30 minutes with a 55% pass mark, and the Saudi SRTLE has 200 questions with a pass score of 530 on a 200 to 800 scale. 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 radiography knowledge, not real or recalled exam questions, and they are not mapped one to one to any exam blueprint. They describe images in words and contain no images.

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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
Radiation protection	**94**	13%
Professional practice and ethics	**72**	10%
Radiation physics and X-ray production	**60**	8%
Radiographic anatomy and pathology	**54**	8%
Radiographic positioning and procedures	**48**	7%
Computed tomography	**38**	5%
Magnetic resonance imaging	**38**	5%
Image production and quality	**34**	5%
Ultrasound	**34**	5%
Nuclear medicine and bone densitometry	**32**	4%
Patient care and management	**26**	4%
Trauma, mobile and theatre radiography	**20**	3%
Contrast media and contrast procedures	**18**	3%
Cross-sectional anatomy	**18**	3%
Radiation biology	**16**	2%
Image evaluation and artefacts	**16**	2%
Digital imaging and PACS	**14**	2%
Infection control and safety	**14**	2%
Fluoroscopy and interventional radiography	**14**	2%
Paediatric and geriatric radiography	**14**	2%
Angiography	**14**	2%
Equipment and quality assurance	**12**	2%
Mammography	**10**	1%
Medical emergencies and pharmacology	**10**	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.

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Score out of 60	Percentage	What it means
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**
   540 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 - Radiographer 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	540 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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RADIOGRAPHER EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Radiation physics and X-ray production EASY

A radiographer raises the tube current (mA) while kVp and exposure time stay the same. Which change takes place inside the tube?

A. The electrons strike the target with greater kinetic energy on arrival
B. The electrons cross the tube faster from the anode to the cathode
C. More electrons leave the heated filament each second
D. The photons produced have a shorter wavelength and higher energy

Q2 Radiation protection STANDARD

A radiographer's twelve monthly dosimeter reports each read 0.2 mSv. ICRP Publication 103 recommends an occupational effective dose limit of 20 mSv per year averaged over five years. What proportion of that limit did she receive in the year?

A. About 24 percent
B. About 12 percent
C. About 120 percent
D. About 1.2 percent

Q3 Radiation protection HARD

A radiographer sees that the door interlock of the X-ray room is not working, so the exposure can be made with the door open. What is the right action?

A. Continue, and ask staff to keep the door closed by hand each time
B. Stop using the room, put up a notice and report the fault
C. Use the room only for short exposures until the fault is fixed
D. Tape a warning sign to the door and carry on using the room

Q4 Radiation protection STANDARD

A girl of 12 attends for a series of spinal images to follow her scoliosis. Which choice reduces radiation dose to her breast tissue without losing diagnostic value?

A. Use a lateral projection only, to avoid irradiating the front of the chest
B. Use an AP projection with a lower kVp and a higher mAs to keep detail
C. Use a PA projection so that the beam enters from the back
D. Use an AP projection with the tube at a shorter source-to-image distance

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Q5 Radiation protection STANDARD

A mother has agreed to hold her child still for a radiograph because immobilisation aids have not worked. What must the radiographer do before the exposure?

(A) Tell her to hold her breath briefly during the exposure to reduce the dose

(B) Give her a dosimeter and allow her hands in the field if that is needed

(C) Ask her to hold the child without protection, since carers have no dose risk

(D) Explain, check she is not pregnant, give her an apron and keep her out of the beam

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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	**C**	2	**B**	3	**B**	4	**C**	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: **C More electrons leave the heated filament each second**

Tube current is set by filament temperature. A higher mA means a hotter filament, so more electrons are emitted by thermionic emission each second and more photons are made. Electron energy at impact depends on kVp, not mA, so the electrons do not hit harder. Electrons flow from cathode to anode, not the reverse. Photon wavelength is governed by the kVp that accelerated the electrons, so mA changes the number of photons but not their wavelength.

Source: Bushong's Radiologic Science for Technologists

Q2 Answer: **B About 12 percent**

Twelve readings of 0.2 mSv sum to 2.4 mSv. Dividing 2.4 by 20 gives 0.12, or 12 percent. A value of 1.2 percent moves the decimal point the wrong way. A value of 24 percent would result from comparing 2.4 mSv with 10 mSv. A value of 120 percent results from a place-value slip that treats 2.4 as 24 mSv.

Source: ICRP Publication 103

Q3 Answer: **B Stop using the room, put up a notice and report the fault**

An interlock stops the exposure when the door opens, protecting people who might enter. With a faulty interlock the control depends on people, so the room should be taken out of use and the fault reported. Keeping the door shut by hand is unreliable. Short exposures still allow an unprotected person to be irradiated. A warning sign does not replace the interlock.

Source: Statkiewicz Sherer's Radiation Protection in Medical Radiography

Q4 Answer: **C Use a PA projection so that the beam enters from the back**

With a PA projection the beam enters the back and exits the front, so the radiosensitive breast tissue lies at the exit side and receives a much lower dose than in an AP projection. A shorter distance raises entrance dose. Lower kVp with higher mAs increases absorption in the body and the dose. A lateral projection alone cannot assess the curve and would not give the information needed for follow-up.

Source: ICRP Publication 121

Q5 Answer: **D Explain, check she is not pregnant, give her an apron and keep her out of the beam**

ICRP treats carers and comforters as a separate group whose exposure is accepted when they are informed and exposure is kept low. The radiographer explains the task, checks pregnancy status, provides protection, and positions her out of the primary beam. Holding with no protection is wrong, since carers still receive a dose and must be protected. Hands in the field give a large unnecessary dose, and a dosimeter alone does not protect. Holding breath has no effect on radiation dose.

Source: ICRP Publication 103

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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	540 more questions by topic with the answer under each, and the night-before list
Total	720 original questions, every one answered and sourced

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

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