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39	A	B	C	D	E

PRACTICE QUESTIONS

State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH)

GENPR

General Practitioner

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH) GENPR, each with its answer key and an explanation. Answer a question before you read its key - the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, GENPR
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

SINGLE CHOICE

A 24-year-old man presents with a 5-day history of an itchy, annular, scaly plaque with central clearing on the trunk. There is no travel history and no other household members are affected. What is the most appropriate first-line topical treatment in primary care?

- ☒ **A** Topical clotrimazole 1% cream twice daily for 2-4 weeks
- ☐ **B** Topical hydrocortisone 1% cream twice daily for 2 weeks
- ☐ **C** Oral fluconazole 150 mg single dose
- ☐ **D** Topical mupirocin ointment three times daily for 7 days

ANSWER A

WHY The presentation is classic tinea corporis. First-line therapy in primary care is a topical antifungal such as clotrimazole 1% cream applied twice daily for 2-4 weeks, continuing for 1 week after lesions resolve. Topical steroids alone worsen fungal infections (tinea incognito), oral fluconazole is reserved for extensive or refractory disease, and mupirocin is antibacterial, not antifungal.

QUESTION 2

SINGLE CHOICE

A 38-year-old man reports low mood, anhedonia, early-morning waking, and weight loss for the past 3 weeks following a recent job loss. He has no suicidal ideation and no past psychiatric history. What is the most appropriate initial step in primary care management?

- ☐ **A** Start an SSRI such as sertraline immediately and refer to psychiatry
- ☐ **B** Provide watchful waiting and review in 2 weeks, as symptoms are below the 4-week threshold for a depressive episode
- ☐ **C** Arrange urgent inpatient psychiatric admission
- ☒ **D** Offer structured support, psychoeducation, and review within 2 weeks, while assessing severity, risk, and considering referral

ANSWER D

WHY For mild-moderate depressive symptoms of relatively short duration (under 4 weeks), first-line management in primary care includes psychoeducation, support, problem-solving strategies and early follow-up. Starting an SSRI is generally reserved for persistent symptoms meeting duration criteria or moderate-severe episodes. Urgent admission is not indicated in the absence of suicidal ideation or severe functional impairment, and symptoms should not simply be dismissed as below threshold without a clear review plan.

QUESTION 3

SINGLE CHOICE

A pregnant woman at 38 weeks gestation develops a blood pressure of 148/96 mmHg on two measurements four hours apart. She reports a persistent frontal headache but has no proteinuria. Which diagnosis best fits this presentation?

- ☐ A Gestational hypertension
- ☐ B Preeclampsia without severe features
- ☒ C Preeclampsia with severe features
- ☐ D Chronic hypertension
- ☐ E Transient hypertensive effect of pregnancy

ANSWER C

WHY New hypertension after 20 weeks with severe features such as a persistent headache indicates preeclampsia with severe features, even when proteinuria is absent.

QUESTION 4

SINGLE CHOICE

A previously healthy 26-year-old, G1P0, is 11 weeks pregnant. Her booking bloods show: Hb 11.2 g/dL, blood group O Rh-negative, antibody screen negative, rubella IgG positive, HIV negative, HBsAg negative. What is the most appropriate anti-D prophylaxis plan?

- ☐ A No anti-D required because she is Rh-negative without antibodies
- ☒ B Routine antenatal anti-D prophylaxis at 28 weeks (and again at 34 weeks in some protocols) plus a dose within 72 hours of any potentially sensitising event
- ☐ C Anti-D only after delivery if the baby is confirmed Rh-positive
- ☐ D Anti-D at booking visit and no further doses during pregnancy

ANSWER B

WHY Standard prophylaxis for an Rh-negative, antibody-negative pregnancy is routine antenatal anti-D immunoglobulin at around 28 weeks (with a second dose at 34 weeks in some regimens), plus additional anti-D within 72 hours after any potentially sensitising event (e.g., vaginal bleeding, abdominal trauma, amniocentesis) and following delivery of an Rh-positive baby. Doing nothing misses the opportunity to prevent sensitisation; giving anti-D only postpartum cannot prevent antenatal sensitisation; giving it only at booking provides no ongoing protection.

QUESTION 5 SINGLE CHOICE

A 45-year-old asymptomatic woman with no family history of breast cancer attends her annual check-up. According to MOPH Qatar screening guidance, which recommendation regarding breast cancer screening is most appropriate?

- ☒ **A** Annual clinical breast examination and monthly self-examination, with mammography from age 45
- ☐ **B** No breast screening is required until age 50
- ☐ **C** Annual mammography from age 40 regardless of family history
- ☐ **D** Biannual mammography from age 55 onwards

ANSWER A

WHY MOPH Qatar's national cancer screening guidance recommends that women from age 40-69 receive education on breast self-examination, an annual clinical breast examination by a healthcare professional, and a screening mammogram every 1-2 years; this option best matches the recommended schedule at age 45. Routine mammography starting at 40 is not the standard Qatari recommendation, and starting only at 50 or 55 is not aligned with MOPH guidance.

QUESTION 6 SINGLE CHOICE

A 54-year-old man develops sudden weakness of the right face, arm, and leg and is unable to speak. Symptoms began 90 minutes ago. Which is the most appropriate immediate action?

- ☐ **A** Arrange an outpatient CT scan within one week
- ☐ **B** Administer oral antihypertensive treatment and review tomorrow
- ☒ **C** Activate the emergency stroke pathway for immediate hospital assessment
- ☐ **D** Prescribe aspirin and arrange physiotherapy next week
- ☐ **E** Observe in the clinic for 30 minutes before reassessment

ANSWER C

WHY Sudden focal neurological deficit with aphasia suggests an acute stroke. Because the patient is within the thrombolysis treatment window, the priority is immediate emergency transfer and assessment for reperfusion therapy.