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## PRACTICE QUESTIONS

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

# GENPR

General Practitioner

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

# Before you begin

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## What this is

15 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

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**QUESTION 1**

SINGLE CHOICE

According to WHO and MoPH Qatar adult immunisation guidance, which vaccine is recommended as a routine single lifetime dose for adults aged 18 years and older who have not previously been immunised, unless contraindicated?

- ☐ A Annual seasonal influenza vaccine
- ☒ B 23-valent pneumococcal polysaccharide vaccine (PPSV23)
- ☐ C Tetanus-diphtheria (Td) booster every 10 years
- ☐ D Measles-mumps-rubella (MMR) booster every 5 years

**ANSWER B**

**WHY** Adults without prior pneumococcal immunisation are routinely recommended a single lifetime dose of PPSV23, with additional guidance for revaccination in high-risk groups (e.g., asplenia, immunosuppression) after 5 years. Influenza vaccine is annual, not a single lifetime dose. Td is given as a three-dose primary series with boosters every 10 years, not a single lifetime dose. MMR is a one- or two-dose schedule in susceptible adults, not given every 5 years routinely.

**QUESTION 2**

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 3**

SINGLE CHOICE

An 80-year-old woman with chronic kidney disease (eGFR 28 mL/min/1.73 m<sup>2</sup>), atrial fibrillation and a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 5 is being reviewed. She currently takes warfarin with variable control. What is the most appropriate anticoagulation strategy according to current MOPH-aligned guidance?

- ☐ A Discontinue anticoagulation because of age and fall risk
- ☐ B Continue warfarin with a target INR of 1.5-2.0
- ☒ C Switch to apixaban or another DOAC at an eGFR-adjusted dose, provided there are no contraindications such as mechanical valve or significant drug interactions
- ☐ D Switch to aspirin 75 mg daily

**ANSWER C**

**WHY** For non-valvular atrial fibrillation with high stroke risk, current MOPH and international guidance favour DOACs over warfarin because of predictable dosing, lower bleeding risk and no INR monitoring. DOACs require eGFR-adjusted dosing (apixaban and rivaroxaban are options with dose reduction at low eGFR). Aspirin is not adequate stroke prevention in AF, and stopping anticoagulation in an 80-year-old with CHA<sub>2</sub>DS<sub>2</sub>-VASc 5 is unsafe.

**QUESTION 4**

MULTIPLE CHOICE

A 45-year-old man presents with a 3-month history of intermittent chest discomfort on exertion. He has type 2 diabetes, hypertension, and smokes 20 cigarettes/day. ECG at rest is normal. Which initial management steps are appropriate in the primary care setting? (Choose two.)

- ☒ **A** Arrange urgent (within 2 weeks) specialist referral for exercise stress testing or further cardiology evaluation
- ☐ **B** Reassure the patient that chest pain in a 45-year-old is rarely cardiac and discharge without further action
- ☒ **C** Document cardiovascular risk using a validated tool (e.g., QRISK) and counsel on smoking cessation
- ☐ **D** Start empirical proton pump inhibitor therapy and review in 4 weeks before any cardiac workup
- ☐ **E** Request a resting echocardiogram as the sole cardiac investigation before any referral

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**ANSWER A • C**

**WHY** Exertional chest discomfort in a patient with diabetes, hypertension, and smoking must be considered possible stable angina until proven otherwise; NICE-style guidance recommends specialist referral for definitive ischaemia testing (e.g., exercise ECG, stress imaging). A normal resting ECG does not exclude coronary disease. Concurrent best practice is to formally document cardiovascular risk with a validated tool (e.g., QRISK3) and address modifiable risk, especially smoking cessation. Reassurance alone is unsafe, empirical PPI delays cardiac workup, and a resting echocardiogram alone is not a sufficient rule-out test for ischaemia in this presentation.

**QUESTION 5**

SINGLE CHOICE

Which of the following individuals most clearly requires a single dose of Tdap vaccine according to MOPH Qatar adult immunisation guidance?

- ☐ A A 30-year-old man who received a complete childhood DTaP series and a Td booster 3 years ago
- ☐ B A 35-year-old pregnant woman at 26 weeks gestation whose last tetanus-containing vaccine was 9 years ago
- ☒ C A 22-year-old woman with documented completion of primary DTaP series but no adolescent booster
- ☐ D A 60-year-old man with well-controlled asthma whose last Td booster was 12 years ago

**ANSWER C**

**WHY** Adults who completed the primary DTaP series but missed the adolescent/young-adult booster should receive a single Tdap. A booster given 3 years ago is within schedule, and Tdap is specifically indicated during each pregnancy (ideally 27-36 weeks) regardless of last dose timing. The 60-year-old needs only the routine 10-yearly Td booster, not Tdap, since pertussis cocooning is no longer universally recommended.

**QUESTION 6**

MULTIPLE CHOICE

According to MOPH Qatar adult immunisation guidance, which of the following vaccines are routinely recommended for a previously healthy, fully immunised 50-year-old man with no chronic medical conditions and no special occupational or travel risks? (Choose two.)

- ☒ **A** Annual seasonal influenza vaccine
- ☒ **B** Tdap (tetanus, diphtheria, acellular pertussis) booster once, then Td every 10 years
- ☐ **C** Yellow fever vaccine
- ☐ **D** BCG vaccine

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**ANSWER A - B**

**WHY** MOPH Qatar adult immunisation guidance recommends annual seasonal influenza vaccination for adults and a single lifetime Tdap dose (with subsequent Td boosters every 10 years) for adults who have not previously received pertussis-containing vaccine. Yellow fever is a travel vaccine and is not routinely indicated for someone without travel to endemic areas; BCG is not part of routine adult immunisation in Qatar.

**QUESTION 7**

SINGLE CHOICE

A 19-year-old unmarried woman requests termination of pregnancy. She is competent, informed, and requests confidentiality from her family. Under MoPH Qatar regulations, what is the most appropriate general practitioner action?

- ☐ **A** Inform her father immediately because parental consent is required for any termination in Qatar
- ☐ **B** Refuse to discuss the request and refer her to a religious authority
- ☒ **C** Discuss options, provide non-judgemental counselling, and refer to an authorised obstetric provider in accordance with MoPH Qatar criteria for lawful termination, respecting her confidentiality
- ☐ **D** Arrange termination in the GP clinic without further referral

**ANSWER C**

**WHY** Termination of pregnancy in Qatar is regulated and permitted only under specific, narrowly defined medical indications outlined by MoPH. The GP's role is to provide non-judgemental counselling, confirm eligibility per the regulation, and refer to an authorised obstetric service for definitive management. Mandatory disclosure to family is not required where the patient is a competent adult and the referral is lawful. Refusing to engage or arranging the procedure in primary care both fall outside scope of practice and regulation.

**QUESTION 8**

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 9**

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.

**QUESTION 10**

SINGLE CHOICE

A 62-year-old man with hypertension and type 2 diabetes presents for review. His blood pressure is 138/84 mmHg and his 10-year cardiovascular risk calculated using a validated tool is 18%. According to MOPH Qatar primary care cardiovascular guidance, what is the most appropriate next step?

- ☐ A Reassure and recheck in 5 years because the risk is below 20%
- ☐ B Initiate lifestyle interventions only, because blood pressure is already at target
- ☒ C Initiate lifestyle interventions and start a statin for primary prevention
- ☐ D Refer immediately for coronary angiography

**ANSWER C**

**WHY** MOPH Qatar cardiovascular prevention guidance recommends that adults with diabetes aged 40-75, or with a 10-year CVD risk  $\geq 10\%$ , be offered a statin for primary prevention alongside structured lifestyle modification. Risk of 18% is clearly high enough to warrant pharmacotherapy, and reassurance or delayed review would be inappropriate. Coronary angiography is reserved for suspected symptomatic coronary disease, not asymptomatic primary prevention.

**QUESTION 11**

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 12**

SINGLE CHOICE

A previously healthy 26-year-old primigravida at 32 weeks gestation attends for routine antenatal review. Her blood pressure is 152/98 mmHg on two readings 4 hours apart, and urine dipstick shows 2+ protein. She feels well with no headache, visual disturbance, or epigastric pain. What is the most appropriate classification and next step?

- ☐ A Gestational hypertension - review in 2 weeks
- ☒ B Pre-eclampsia - arrange same-day hospital admission for assessment, urine quantification, bloods, and fetal monitoring
- ☐ C Chronic hypertension - start an ACE inhibitor as first-line
- ☐ D Normal pregnancy blood pressure - reassure

**ANSWER B**

**WHY** New hypertension after 20 weeks with proteinuria meets the diagnostic criteria for pre-eclampsia regardless of symptoms. This requires urgent same-day hospital assessment because pre-eclampsia can progress rapidly to severe features or eclampsia. ACE inhibitors are contraindicated in pregnancy, and reassurance or delayed review is unsafe in this presentation.

**QUESTION 13**

SINGLE CHOICE

A 45-year-old man is diagnosed with chronic kidney disease and will start haemodialysis next month. According to MOPH Qatar adult immunisation guidance, which vaccine is most specifically recommended for patients with chronic kidney disease/dialysis-dependent end-stage renal disease in addition to routine adult immunisations?

- ☐ A Live attenuated influenza vaccine (LAIV) intranasal
- ☒ B 23-valent pneumococcal polysaccharide vaccine (PPSV23)
- ☐ C Varicella vaccine
- ☐ D Yellow fever vaccine

**ANSWER B**

**WHY** MOPH Qatar adult immunisation guidance recommends PPSV23 for adults with chronic kidney disease, including those on dialysis, because they are at increased risk of invasive pneumococcal disease. LAIV is contraindicated in many chronic conditions, varicella is a live vaccine given only to seronegative immunocompetent adults, and yellow fever is a travel vaccine, not routinely recommended for CKD patients.

**QUESTION 14**

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

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**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 15**

SINGLE CHOICE

A 4-year-old boy presents with 3 days of fever, sore throat, tender bilateral anterior cervical lymphadenopathy, and exudative tonsillitis. He has no cough or coryza. The Centor criteria are useful to predict the likelihood of streptococcal pharyngitis. Which combination of features most strongly supports a diagnosis of group A streptococcal pharyngitis and the need for antibiotic treatment?

- ☒ **A** Absence of cough, presence of exudates, tender anterior cervical lymphadenopathy, and history of fever
- ☐ **B** Presence of cough, coryza, conjunctivitis, and exudative tonsils
- ☐ **C** Fever, vomiting, abdominal pain, and a macular rash on the trunk
- ☐ **D** Sore throat with a petechial rash on the soft palate and a hoarse voice

**ANSWER A**

**WHY** The Centor criteria (modified by McIsaac) assign points for: tonsillar exudates, tender anterior cervical lymphadenopathy, fever  $>38^{\circ}\text{C}$ , absence of cough, and age. The first option lists the classic Centor-positive findings. The other options describe viral features or complications (such as a petechial palatal rash seen in streptococcal infection but combined here with hoarseness, which is not the Centor combination).