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PRACTICE QUESTIONS

UAE Ministry Of Health And Prevention

GENPR

General Practice

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 practice questions for UAE Ministry Of Health And Prevention **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

Original Mometrix demo. This free sample contains fewer questions than the full paid edition.

QUESTION 1

SINGLE CHOICE

A 35-year-old married woman attends alone and asks for a termination of pregnancy. She explicitly asks that her husband not be informed. According to medical ethics principles, what is the most appropriate course of action for the general practitioner?

- ☐ A Inform the husband because spousal consent is required for the procedure.
- ☐ B Contact the hospital ethics committee before proceeding.
- ☒ C Respect the patient's confidentiality and proceed with appropriate referral and counselling.
- ☐ D Defer the consultation until the husband is available to give consent.

ANSWER C

WHY Adult patients with capacity have the right to confidential medical care, including decisions about reproduction. Spousal consent is not legally or ethically required. The GP should respect confidentiality, provide non-directive counselling, and refer appropriately.

QUESTION 2

SINGLE CHOICE

According to current UAE and international guidance, at what estimated 10-year cardiovascular risk threshold is pharmacological lipid-lowering therapy (typically a statin) generally recommended for primary prevention in adults aged 40-75 years without known cardiovascular disease or diabetes?

- ☐ A $\geq 1\%$
- ☐ B $\geq 5\%$
- ☒ C $\geq 10\%$
- ☐ D $\geq 30\%$

ANSWER C

WHY Most international guidelines (ACC/AHA, ESC/EAS, NICE, and UAE MOHAP-adapted guidance) recommend offering a statin for primary prevention when the estimated 10-year cardiovascular risk is $\geq 10\%$ in adults aged 40-75 without established CVD or diabetes, with treatment decisions refined by individual risk factors and patient preference.

QUESTION 3

SINGLE CHOICE

A 40-year-old man presents with low back pain of two weeks' duration. He now reports difficulty initiating urination and numbness around the perineum. On examination, lower limb reflexes are reduced and he has decreased perianal sensation. What is the most appropriate immediate action?

- ☐ A Arrange physiotherapy and review in two weeks.
- ☐ B Prescribe a non-steroidal anti-inflammatory drug and advise mobilisation.
- ☒ C Refer urgently to secondary care for suspected cauda equina syndrome.
- ☐ D Request a lumbar spine X-ray and review with the result.

ANSWER C

WHY Saddle anaesthesia, bladder dysfunction and lower limb neurological signs are classic red flags for cauda equina syndrome, which is a surgical emergency requiring urgent secondary care referral.

QUESTION 4

MULTIPLE CHOICE

Which of the following patients should be referred urgently for specialist assessment? (Choose two.)

- ☒ A A 60-year-old with new-onset dysphagia and weight loss
- ☐ B A 30-year-old with mild seasonal allergic rhinitis
- ☒ C A 50-year-old with suspected colorectal cancer based on iron-deficiency anaemia and rectal bleeding
- ☐ D A 25-year-old with acute lower back pain after gardening

ANSWER A - C

WHY New dysphagia with weight loss and suspected colorectal cancer are both red-flag presentations requiring urgent two-week-wait referral. Allergic rhinitis and mechanical back pain are managed in primary care. The correct answers are A and C.

QUESTION 5

SINGLE CHOICE

A 45-year-old man presents with acute low back pain after lifting a heavy object two days ago. He has no red flag features on history or examination and neurological examination of the lower limbs is normal. Which is the most appropriate initial management plan?

- ☐ A Urgent MRI of the lumbar spine
- ☐ B Bed rest for two weeks and muscle relaxants
- ☒ C Reassurance, encouragement to remain active, simple analgesia and review if symptoms persist beyond 4-6 weeks
- ☐ D Immediate referral to orthopaedic surgery

ANSWER C

WHY For acute non-specific low back pain without red flags, evidence-based guidance supports reassurance, advice to stay active, simple analgesia (such as paracetamol or NSAIDs) and review if symptoms do not improve within 4-6 weeks. Bed rest and early imaging or surgical referral are not indicated.

QUESTION 6

SINGLE CHOICE

A 26-year-old woman is 12 weeks pregnant and attends for her first antenatal booking visit. Which routine screening test is specifically recommended at this stage in primary antenatal care?

- ☐ A Oral glucose tolerance test
- ☒ B Blood group, Rh status and antibody screen
- ☐ C Postpartum depression screening
- ☐ D Anomaly ultrasound at booking

ANSWER B

WHY Booking bloods at around 10-12 weeks include blood group and Rh, full blood count, antibody screen, rubella, syphilis, HIV and hepatitis B. OGTT is done at 24-28 weeks. The correct answer is blood group, Rh and antibody screen.

QUESTION 7

SINGLE CHOICE

A 30-year-old known asthmatic presents with worsening wheeze and breathlessness over 24 hours. Peak expiratory flow rate is 55% of his predicted best. He can speak in sentences and oxygen saturation is 94% on room air. Which is the most appropriate initial treatment in primary care?

- ☒ **A** Oral prednisolone 40 mg daily for 5 days plus short-acting beta-2 agonist via spacer.
- ☐ **B** Immediate referral to emergency department without treatment.
- ☐ **C** Increase inhaled corticosteroid dose only and review in one week.
- ☐ **D** Add a long-acting beta-2 agonist and review in 48 hours.

ANSWER A

WHY A PEF 50-75% of best/predicted indicates a moderate acute asthma attack. Management includes high-dose SABA (often via spacer in milder cases), oral corticosteroids, and oxygen as needed. Severe or life-threatening features (silent chest, exhaustion, SpO₂ <92%, PEF <33%) warrant immediate emergency referral.

QUESTION 8

SINGLE CHOICE

According to current UAE national guidance, which screening test is recommended for a 50-year-old asymptomatic woman with no relevant family history?

- ☐ **A** Annual mammography
- ☒ **B** Biennial mammography
- ☐ **C** No breast screening is recommended at this age
- ☐ **D** Breast self-examination only

ANSWER B

WHY The UAE national breast cancer screening programme recommends biennial mammography for women aged 40-69, with clinical breast examination offered. Biennial mammography at age 50 is therefore consistent with this guidance.

QUESTION 9

SINGLE CHOICE

A 35-year-old married woman attends the clinic alone and asks for a termination of pregnancy. She explicitly states that she does not want her husband to be informed. What is the most appropriate course of action for the general practitioner?

- ☐ A Inform the husband because spousal consent is required for the procedure
- ☐ B Refuse to discuss the request because the patient is married
- ☒ C Respect confidentiality and proceed with counselling the patient on her options
- ☐ D Contact the hospital ethics committee before speaking with the patient

ANSWER C

WHY Patient confidentiality is a core professional duty. A competent adult patient has the right to confidential medical care regardless of marital status, and spousal consent is not required for the patient to be counselled or for further management. Disclosing information to a third party without consent would breach confidentiality, and an ethics committee referral is not required before speaking with the patient.

QUESTION 10

SINGLE CHOICE

A previously healthy 28-year-old woman presents with a 2-day history of sore throat, fever 38.3 °C, tonsillar exudate and tender anterior cervical lymphadenopathy, but no cough. Using the Centor criteria, what is the most appropriate prescribing decision?

- ☐ A Routine empirical antibiotics without testing
- ☐ B No antibiotics; antibiotics are not indicated in this clinical scenario
- ☒ C Rapid antigen detection test (RADT) for group A streptococcus; treat with antibiotics only if positive
- ☐ D Empirical macrolide therapy pending culture results

ANSWER C

WHY The Centor criteria help target antibiotic use in pharyngitis. With features suggesting streptococcal infection, a rapid antigen detection test is recommended; antibiotics are prescribed only if the test confirms group A streptococcus. This approach supports antimicrobial stewardship and avoids unnecessary prescribing in viral pharyngitis.

QUESTION 11

SINGLE CHOICE

A 45-year-old man presents with recurrent burning epigastric pain occurring 2-3 hours after meals and at night, relieved by food and antacids. He has no alarm features. Which is the most appropriate first-line pharmacological treatment?

- ☒ **A** Proton pump inhibitor for 4-8 weeks plus *Helicobacter pylori* testing and eradication if positive.
- ☐ **B** Long-term H₂ receptor antagonist therapy without further investigation.
- ☐ **C** Prokinetic agent such as metoclopramide for symptom relief.
- ☐ **D** Immediate referral for upper gastrointestinal endoscopy.

ANSWER A

WHY In a patient under 55 years with classic dyspeptic symptoms and no alarm features, current NICE-style guidance recommends a 4-8 week course of PPI and H. pylori testing with eradication if positive, rather than immediate endoscopy.

QUESTION 12

SINGLE CHOICE

An adult patient with diagnosed mild cognitive impairment attends for review and is accompanied by a family member. The patient has not previously provided written consent for information sharing. The family member asks the GP for details of the patient's recent test results. What is the most appropriate initial action for the GP?

- ☐ A Provide a summary of the results because the family member is clearly involved in the patient's care.
- ☐ B Refuse to discuss any information and ask the family member to leave the practice immediately.
- ☒ C Withhold the information unless the patient gives explicit verbal consent or applicable law permits disclosure.
- ☐ D Direct the family member to access the results through the hospital electronic portal.

ANSWER C

WHY Confidentiality applies to competent adults regardless of cognitive status unless capacity issues are formally assessed. Disclosure to a third party requires the patient's explicit consent or a lawful basis. A mild cognitive impairment diagnosis does not automatically authorise information sharing with relatives, so the correct first step is to seek the patient's consent before disclosure.

QUESTION 13

SINGLE CHOICE

A competent adult patient refuses a life-saving blood transfusion on religious grounds. According to medical ethics principles applied in general practice, what should the GP do?

- ☐ A Override the patient's wishes because life is at stake
- ☐ B Obtain a court order to transfuse without further discussion
- ☒ C Respect the patient's autonomy and explore the decision, documenting the discussion
- ☐ D Hide the consequences from the patient to obtain consent

ANSWER C

WHY A competent adult has the right to refuse treatment. The GP must respect autonomy, ensure the decision is informed, and document carefully. The correct answer is to respect autonomy and document the discussion.

QUESTION 14

SINGLE CHOICE

Parents of a four-month-old infant attending for routine immunisation ask why multiple vaccines are given at the same visit. Which response by the GP best reflects evidence-based practice?

- ☐ A Delaying vaccines reduces the risk of side effects and is recommended.
- ☒ B Combining vaccines according to the national schedule is safe and provides timely protection.
- ☐ C Multiple vaccines overload the immature immune system and should be separated.
- ☐ D Vaccines should only be given when the child is visibly unwell to confirm robust immunity.

ANSWER B

WHY Combining vaccines according to the national immunisation schedule is supported by extensive evidence demonstrating safety and effective immunity. Delaying or separating vaccines leaves children unprotected during a vulnerable period and is not recommended. Sick visits are not appropriate for administering scheduled vaccines.

QUESTION 15

SINGLE CHOICE

In the follow-up of a patient with type 2 diabetes mellitus in primary care, which review interval and parameter combination is most appropriate for routine HbA1c monitoring in a stable patient?

- ☐ A Weekly HbA1c checks
- ☒ B 3-6 monthly HbA1c depending on glycaemic stability and treatment changes
- ☐ C Annual HbA1c only when symptomatic
- ☐ D Daily HbA1c measurements

ANSWER B

WHY Stable type 2 diabetes patients typically have HbA1c checked every 3-6 months; more frequent testing is needed when treatment changes or instability exists. The correct answer is 3-6 monthly HbA1c depending on stability.