

College of Family Physicians of Canada (CFPC) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

- 1. What is the primary role of corticosteroids in the treatment of rheumatoid arthritis?**
 - A. Long-term management**
 - B. Treating acute flares**
 - C. Preventing infections**
 - D. Slowing disease progression**
- 2. According to the CMAJ guidelines, which infectious disease is NOT recommended for screening in immigrant and refugee populations?**
 - A. Hepatitis B**
 - B. Chickenpox**
 - C. Tuberculosis**
 - D. HIV**
- 3. What are the first-line antibiotics for treatment of group A strep pharyngitis?**
 - A. Ceftriaxone and Amoxicillin**
 - B. Penicillin V and Amoxicillin**
 - C. Doxycycline and Azithromycin**
 - D. Clarithromycin and Ciprofloxacin**
- 4. What is the most likely diagnosis for a patient with intermittent bilateral leg pain relieved by sitting?**
 - A. Osteoporosis**
 - B. Spinal stenosis**
 - C. Herniated disc**
 - D. Muscle strain**
- 5. For which patient group should caution be exercised when prescribing insomnia medication?**
 - A. Teenagers**
 - B. The elderly**
 - C. Pregnant women**
 - D. Middle-aged adults**

- 6. The presence of erythema and warmth in a joint is more indicative of which condition?**
- A. Osteoarthritis**
 - B. Fibromyalgia**
 - C. Septic arthritis**
 - D. Chronic fatigue syndrome**
- 7. How often should Td booster doses be given to adults according to current recommendations?**
- A. Every year**
 - B. Every 5 years**
 - C. Every 10 years**
 - D. Only when needed**
- 8. What should be ordered next after STI testing in the male infertility workup?**
- A. Hormonal panel**
 - B. Sperm analysis**
 - C. Genetic testing**
 - D. Testicular ultrasound**
- 9. For suspected ankylosing spondylitis, which imaging investigation is essential?**
- A. CT scan of the abdomen**
 - B. Spinal X-rays**
 - C. MRI of the brain**
 - D. Ultrasound of the spine**
- 10. What is the significance of the CFPC's Family Practice Foundation?**
- A. It provides physician grants for study abroad**
 - B. It supports research and education initiatives in family medicine**
 - C. It manages the certification of family physicians**
 - D. It hosts annual conferences and symposia**

Answers

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1. B
2. B
3. B
4. B
5. B
6. C
7. C
8. B
9. B
10. B

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Explanations

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1. What is the primary role of corticosteroids in the treatment of rheumatoid arthritis?

- A. Long-term management**
- B. Treating acute flares**
- C. Preventing infections**
- D. Slowing disease progression**

The primary role of corticosteroids in the treatment of rheumatoid arthritis is to manage acute flares of the disease. Corticosteroids are anti-inflammatory medications that can quickly reduce swelling, pain, and immune responses associated with rheumatoid arthritis exacerbations. They are particularly effective in providing rapid relief during periods of heightened disease activity when the inflammation and joint pain can be significantly debilitating. While corticosteroids can have a role in long-term management, especially in patients who do not respond adequately to other disease-modifying antirheumatic drugs (DMARDs), their use for chronic management is often limited due to potential side effects associated with long-term therapies, such as osteoporosis, hypertension, and increased risk of infections. Corticosteroids do not prevent infections; in fact, their immunosuppressive effects can increase the risk of infections. Moreover, while they can reduce inflammation, corticosteroids do not alter the underlying disease process or slow down disease progression as effectively as DMARDs do. Therefore, corticosteroids are primarily utilized to provide symptomatic relief during acute episodes rather than as a primary approach for long-term disease management or modification.

2. According to the CMAJ guidelines, which infectious disease is NOT recommended for screening in immigrant and refugee populations?

- A. Hepatitis B**
- B. Chickenpox**
- C. Tuberculosis**
- D. HIV**

The recommendation against screening for chickenpox in immigrant and refugee populations is based on the understanding that chickenpox is a common childhood infection with a generally low morbidity rate. Most individuals in these populations are likely to have been exposed to the virus naturally during childhood. Additionally, routine screening for chickenpox immunity in adults, especially in those who are not at risk for severe disease, is not standardized and may not yield significant benefits in terms of public health actions. In contrast, the other infectious diseases listed, such as Hepatitis B, tuberculosis, and HIV, are given priority for screening due to their potential for severe health outcomes, ability to transmit, and the existence of effective interventions for treatment and prevention. These conditions can have significant epidemiological implications and represent important public health concerns that warrant systematic screening. This allows for early detection and management, thereby minimizing complications and improving health outcomes in these vulnerable populations.

3. What are the first-line antibiotics for treatment of group A strep pharyngitis?

- A. Ceftriaxone and Amoxicillin
- B. Penicillin V and Amoxicillin**
- C. Doxycycline and Azithromycin
- D. Clarithromycin and Ciprofloxacin

For the treatment of group A streptococcal (GAS) pharyngitis, the first-line antibiotics are penicillin V and amoxicillin. These antibiotics are highly effective against *Streptococcus pyogenes*, the bacterium responsible for this type of throat infection. Penicillin V is the traditional choice due to its narrow spectrum of activity, effectiveness against the bacteria, and favorable safety profile. Amoxicillin is often preferred because it can be more palatable for children and has similar efficacy as penicillin for treating this condition. The use of these antibiotics leads to a quick resolution of symptoms and also significantly reduces the risk of complications, such as rheumatic fever. Other antibiotic options may be used in cases where patients are allergic to penicillin, but they do not represent the first-line treatment.

4. What is the most likely diagnosis for a patient with intermittent bilateral leg pain relieved by sitting?

- A. Osteoporosis
- B. Spinal stenosis**
- C. Herniated disc
- D. Muscle strain

The most likely diagnosis for a patient experiencing intermittent bilateral leg pain that is relieved by sitting is spinal stenosis. This condition involves the narrowing of the spinal canal, which can compress the spinal cord and nerves, leading to symptoms such as pain, weakness, or numbness in the legs. The characteristic “neurogenic claudication” seen in spinal stenosis often results in pain during activities like walking or standing, which improves when the patient sits down or leans forward, as this posture helps relieve pressure on the nerves. In contrast, osteoporosis primarily pertains to decreased bone density and strength, leading to fractures rather than specific leg pain patterns. A herniated disc can cause leg pain as well, but it usually presents with radicular symptoms localized to a specific nerve root, often accompanied by signs like tingling or weakness in the foot or specific muscle groups. Muscle strain typically results in localized pain during movement, not usually relieved by sitting, and does not typically cause bilateral leg pain that is alleviated by a seated position. Ultimately, the pattern of symptoms described aligns distinctly with spinal stenosis, making it the most fitting diagnosis for this clinical scenario.

5. For which patient group should caution be exercised when prescribing insomnia medication?

- A. Teenagers**
- B. The elderly**
- C. Pregnant women**
- D. Middle-aged adults**

Caution should be exercised when prescribing insomnia medication to the elderly due to several factors that impact their overall health and treatment responses. Older adults often have altered pharmacokinetics and pharmacodynamics, leading to increased sensitivity to medications. Medications may take longer to be metabolized and eliminated in this age group, increasing the risk of side effects and prolonged sedation. Additionally, the elderly may be more prone to comorbidities and polypharmacy, which can lead to adverse drug interactions. Insomnia medications can also impact cognitive function, which is especially concerning for older patients who are already at risk for cognitive decline. The risk of falls and accidents increases with sedation, so it is crucial to carefully consider the benefits and risks before prescribing these medications to this population. In contrast, while considerations are also important for pregnant women and teenagers regarding the safety and efficacy of insomnia medications, the unique vulnerabilities and the high prevalence of potential complications associated with the elderly necessitate a heightened level of caution.

6. The presence of erythema and warmth in a joint is more indicative of which condition?

- A. Osteoarthritis**
- B. Fibromyalgia**
- C. Septic arthritis**
- D. Chronic fatigue syndrome**

The presence of erythema and warmth in a joint is particularly characteristic of septic arthritis. This condition typically arises from an infection within a joint, leading to an inflammatory response that causes these specific symptoms. Erythema, or redness, is a result of increased blood flow to the area, while warmth is due to the elevated metabolic activity and inflammatory processes occurring in response to the infection. In contrast, osteoarthritis is primarily a degenerative joint disease that may present with pain and stiffness but not usually with significant erythema or warmth. Fibromyalgia is characterized by widespread pain and tenderness but does not involve joint inflammation or the acute symptoms associated with infections. Chronic fatigue syndrome primarily features profound fatigue and other systemic symptoms, without the acute inflammatory signs that would be present in septic arthritis. Therefore, the combination of erythema and warmth strongly suggests an infectious process, making septic arthritis the most consistent diagnosis with these findings.

7. How often should Td booster doses be given to adults according to current recommendations?

- A. Every year**
- B. Every 5 years**
- C. Every 10 years**
- D. Only when needed**

The recommendation for Td (tetanus and diphtheria) booster doses for adults is every 10 years. This schedule is established to maintain adequate immunity against tetanus and diphtheria, as immunity can wane over time. The 10-year interval allows for a balance between maintaining effective immunity and minimizing unnecessary vaccinations, as the risk of tetanus exposure may decrease after the initial vaccination series in childhood. In certain circumstances, like a deep or dirty wound, a Td booster may be required sooner, but this does not change the standard recommendation for routine boosters, which is every 10 years. This approach aims to ensure that adults remain protected while considering the public health aspect of maintaining vaccination programs efficiently. Regular adherence to this schedule helps prevent outbreaks of these diseases and contributes to overall community immunity.

8. What should be ordered next after STI testing in the male infertility workup?

- A. Hormonal panel**
- B. Sperm analysis**
- C. Genetic testing**
- D. Testicular ultrasound**

In the context of a male infertility workup, after conducting STI testing, the next logical step is to perform a sperm analysis. This is critical because sperm analysis provides essential information about the quality and quantity of sperm, which are key factors in male fertility. The parameters assessed during a sperm analysis include semen volume, sperm concentration, motility (movement), and morphology (shape). Identifying any abnormalities in these parameters can guide further investigations and management options. For instance, if the sperm analysis indicates low sperm count or motility, this may prompt further evaluation of hormonal levels or potential underlying conditions affecting fertility. Establishing the status of sperm health is fundamental in any infertility assessment, making it a priority after ruling out infectious causes through STI testing. Other tests, such as hormonal panels, genetic testing, or testicular ultrasounds, may follow based on the findings of the sperm analysis or might be indicated in specific scenarios. However, the sperm analysis serves as the immediate next step in determining the male partner's reproductive potential.

9. For suspected ankylosing spondylitis, which imaging investigation is essential?

- A. CT scan of the abdomen**
- B. Spinal X-rays**
- C. MRI of the brain**
- D. Ultrasound of the spine**

In the context of suspected ankylosing spondylitis, spinal X-rays are essential as they are a key tool in the initial assessment and diagnosis of this condition. Spinal X-rays can reveal characteristic changes in the sacroiliac joints and spine that are associated with ankylosing spondylitis, such as syndesmophytes and calcification, which are essential for confirming the diagnosis. Early X-ray findings may include the blurring of the sacroiliac joints, and in some cases, these changes can be quite subtle, necessitating a skilled interpretation. While MRI can provide more detailed images and may be used in later stages or when X-ray findings are inconclusive, spinal X-rays remain the cornerstone for initial evaluation due to their availability, cost-effectiveness, and ability to visualize bony changes. Other imaging modalities, like CT scans or MRIs of non-spinal regions, do not contribute significantly to the diagnosis of ankylosing spondylitis, while ultrasound of the spine is not standard practice for this diagnosis. Spinal X-rays serve as the foundation for evaluating structural changes in the spine, reinforcing their essential role in the diagnostic process.

10. What is the significance of the CFPC's Family Practice Foundation?

- A. It provides physician grants for study abroad**
- B. It supports research and education initiatives in family medicine**
- C. It manages the certification of family physicians**
- D. It hosts annual conferences and symposia**

The Family Practice Foundation established by the CFPC plays a crucial role in advancing the field of family medicine by providing support for research and educational initiatives. This foundation is dedicated to fostering innovation in family practice, enhancing the quality of care provided to patients by supporting various projects that evaluate and improve family medicine practices. The significance of this support comes from the need to continuously update and refine the knowledge and skills required in this area, aiding in the development of evidence-based practices that ultimately benefit patient care. Investment in research and education through the foundation helps in generating new insights, exploring effective treatment strategies, and improving the overall health outcomes of communities. This focus aligns with the CFPC's mission to encourage excellence in family practice through ongoing education and evidence-based healthcare delivery. The other options do not align with the primary mission of the Family Practice Foundation. The foundation is not primarily focused on managing certification or on hosting conferences, which are typically the roles of the CFPC as an organization rather than its foundation. Also, while there might be educational grants and opportunities, the specific emphasis on supporting research initiatives particularly distinguishes the foundation's contributions to the field.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://familyphysicianscfpc.examzify.com>

We wish you the very best on your exam journey. You've got this!