

Membership of the Royal Colleges of Physicians (MRCP) 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

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- 1. What would be a common symptom of acute hepatitis, based on liver enzyme abnormalities and clinical presentation?**
 - A. Dry cough**
 - B. Resolution of jaundice**
 - C. Persistent vomiting**
 - D. Generalised pruritus**

- 2. What is the most appropriate management for a patient diagnosed with severe hyperlipidaemia post-thyroidectomy?**
 - A. Begin statin therapy**
 - B. Initiate dietary changes only**
 - C. Start fibrate therapy**
 - D. Implement lifestyle modifications**

- 3. What is the most important mechanism of action of isosorbide mononitrate used for treating angina pectoris?**
 - A. Calcium channel blockade**
 - B. Increased cyclic adenosine monophosphate production**
 - C. Increased cyclic guanosine monophosphate production**
 - D. Sodium channel blockade**

- 4. A patient with vegetation on the mitral valve after a colonoscopy is most likely infected by which organism?**
 - A. Bartonella henselae**
 - B. Staphylococcus aureus**
 - C. Streptococcus gallolyticus (S. bovis)**
 - D. Streptococcus viridans**

- 5. Which drug is commonly used to manage acute coronary syndrome in conjunction with anticoagulation?**
 - A. Simvastatin**
 - B. Clopidogrel**
 - C. Beta-blockers**
 - D. ACE inhibitors**

6. What laboratory finding would best support a diagnosis of Wilson's disease in a 30-year-old woman with tremor and hepatomegaly?

- A. Increased incorporation of radioactive copper into caeruloplasmin**
- B. Low hepatic copper content**
- C. Low serum caeruloplasmin concentration**
- D. Low urine copper concentration**

7. What intervention is least likely to be needed for a young woman with a suspected post-contraceptive pill amenorrhoea?

- A. Admit for observation**
- B. Reassurance and advice**
- C. Pelvic ultrasound**
- D. Referral for hormonal assessment**

8. What is the key symptom leading to the diagnosis of a possible primary hepatic tumor in adults?

- A. Weight loss**
- B. Jaundice**
- C. Ascites**
- D. Abdominal pain**

9. What is the normal range for serum thyroid-stimulating hormone?

- A. 0.4-5.0 mU/L**
- B. 1.0-3.0 mU/L**
- C. 5.0-10.0 mU/L**
- D. 10.0-20.0 mU/L**

10. A 23-year-old woman with primary infertility has mild facial hirsutism and varied menstrual cycles. What is the most likely diagnosis?

- A. Endometriosis**
- B. Non-classical congenital adrenal hyperplasia**
- C. Polycystic ovary syndrome**
- D. Prolactinoma**

Answers

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

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Explanations

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1. What would be a common symptom of acute hepatitis, based on liver enzyme abnormalities and clinical presentation?

- A. Dry cough**
- B. Resolution of jaundice**
- C. Persistent vomiting**
- D. Generalised pruritus**

In the context of acute hepatitis, generalized pruritus is a common symptom that often arises due to the accumulation of bile salts in the bloodstream. In acute liver injury, the liver's ability to process and excrete bilirubin is compromised, leading to elevated bilirubin levels, which in turn can contribute to itching or pruritus. The condition can also cause changes in liver enzymes, which reflect the degree of liver inflammation and impairment. While dry cough, resolution of jaundice, and persistent vomiting may occur in other contexts or conditions, they are not specific or commonly associated symptoms of acute hepatitis. Dry cough is typically related to respiratory conditions rather than hepatic issues. Resolution of jaundice indicates recovery from the condition, rather than being a symptom experienced during the acute phase. Persistent vomiting can occur in several gastrointestinal disorders but is not a hallmark of acute hepatitis compared to pruritus, which is directly linked to liver dysfunction. Therefore, understanding the biochemical and clinical basis behind the symptoms is crucial, as it highlights the connection between liver function and systemic manifestations like itching.

2. What is the most appropriate management for a patient diagnosed with severe hyperlipidaemia post-thyroidectomy?

- A. Begin statin therapy**
- B. Initiate dietary changes only**
- C. Start fibrate therapy**
- D. Implement lifestyle modifications**

In cases of severe hyperlipidaemia, particularly following a thyroidectomy, initiating statin therapy is a crucial step in management. This is because thyroid hormone plays a significant role in lipid metabolism, and a decrease in thyroid hormone levels post-thyroidectomy can lead to increased levels of LDL cholesterol and triglycerides. Statins are effective at reducing LDL cholesterol and overall cardiovascular risk, making them a suitable choice as they directly target the dyslipidemia. While dietary changes and lifestyle modifications are important components of managing any lipid disorder, they may not be sufficient as a stand-alone treatment, especially in severe cases. Statin therapy provides a more direct and powerful means of controlling lipid levels and mitigating the risks of cardiovascular events that may arise from significantly elevated lipids. Fibrates can also help lower triglyceride levels, but statins have a broader effect on the lipid profile and are generally the first-line treatment for hyperlipidaemia. Therefore, initiating statin therapy not only aligns with current clinical guidelines but effectively addresses the immediate need to manage severe hyperlipidaemia post-thyroidectomy.

3. What is the most important mechanism of action of isosorbide mononitrate used for treating angina pectoris?

- A. Calcium channel blockade**
- B. Increased cyclic adenosine monophosphate production**
- C. Increased cyclic guanosine monophosphate production**
- D. Sodium channel blockade**

Isosorbide mononitrate primarily exerts its effects through increased cyclic guanosine monophosphate (cGMP) production. This drug belongs to a class of medications known as nitrates, which are effective in the treatment of angina pectoris due to their ability to induce vasodilation. When isosorbide mononitrate is administered, it is converted in the body to nitric oxide (NO), a potent vasodilator. The release of nitric oxide leads to the activation of guanylate cyclase, an enzyme that catalyzes the conversion of guanosine triphosphate (GTP) into cGMP. Increased levels of cGMP in smooth muscle cells induce relaxation, resulting in vascular smooth muscle dilation. This effect primarily decreases the myocardial oxygen demand by reducing both preload and afterload, which alleviates the symptoms of angina. The significance of the cGMP pathway is crucial in understanding how nitrates like isosorbide mononitrate provide relief from chest pain induced by ischemic heart disease. By promoting vasodilation and improving blood flow to the heart, cGMP acts as the essential mechanism through which isosorbide mononitrate functions in treating angina.

4. A patient with vegetation on the mitral valve after a colonoscopy is most likely infected by which organism?

- A. *Bartonella henselae***
- B. *Staphylococcus aureus***
- C. *Streptococcus gallolyticus (S. bovis)***
- D. *Streptococcus viridans***

In the context of a patient developing vegetations on the mitral valve following a colonoscopy, the most likely organism responsible for the infection is *Streptococcus gallolyticus*, also known as *S. bovis*. This group of bacteria is associated with endocarditis, particularly in patients with underlying gastrointestinal pathology, such as colonic malignancies or polyps. *Streptococcus gallolyticus* is notable for its association with colonic diseases and can lead to bacteremia and endocarditis following procedures like colonoscopy, where the integrity of the bowel may be compromised, allowing bacteria to enter the bloodstream. The presence of vegetation on the mitral valve in the setting of a recent colonoscopic procedure strongly suggests this organism as a viable cause. While other organisms such as *Staphylococcus aureus* and *Streptococcus viridans* can also cause infective endocarditis, they are less likely to be specifically related to recent gastrointestinal procedures or colon pathology. *Bartonella henselae* is primarily associated with cat scratch fever and is less commonly linked to endocarditis in this context. Therefore, *Streptococcus gallolyticus* stands out as the likely organism due to its established clinical correlation with endocarditis in patients following procedures involving the gastrointestinal

5. Which drug is commonly used to manage acute coronary syndrome in conjunction with anticoagulation?

- A. Simvastatin**
- B. Clopidogrel**
- C. Beta-blockers**
- D. ACE inhibitors**

Clopidogrel is commonly used to manage acute coronary syndrome (ACS) in conjunction with anticoagulation due to its antiplatelet properties. ACS often involves the development of blood clots that can obstruct coronary arteries, leading to myocardial ischemia. Clopidogrel, as a P2Y12 inhibitor, reduces the platelet aggregation and helps prevent further clot formation, which is crucial in the acute management of conditions such as unstable angina and myocardial infarction. When used alongside anticoagulants, Clopidogrel enhances the anti-thrombotic strategy, addressing platelet function while the anticoagulant inhibits the clotting cascade, leading to optimal management of the patient's condition. This combination approach is well-supported by clinical guidelines, which emphasize the importance of dual antiplatelet therapy in the setting of ACS. In contrast, the other options, although important in the management of cardiovascular diseases, do not serve the same immediate antiplatelet role as Clopidogrel in the acute setting of coronary syndromes. Simvastatin is primarily used for cholesterol management, beta-blockers are beneficial in reducing heart rate and myocardial oxygen demand, and ACE inhibitors are important for long-term management and heart failure prevention but are not the first-line therapy.

6. What laboratory finding would best support a diagnosis of Wilson's disease in a 30-year-old woman with tremor and hepatomegaly?

- A. Increased incorporation of radioactive copper into caeruloplasmin**
- B. Low hepatic copper content**
- C. Low serum caeruloplasmin concentration**
- D. Low urine copper concentration**

In Wilson's disease, the body fails to properly eliminate copper, leading to copper accumulation in various tissues, particularly the liver and brain. A key feature of this condition involves the synthesis and transport of copper within the body. Normally, copper is incorporated into caeruloplasmin, which is the principal copper-carrying protein in the blood. In Wilson's disease, due to the inability to incorporate copper into caeruloplasmin effectively, there tends to be a significant decrease in serum caeruloplasmin levels. Therefore, finding a low serum caeruloplasmin concentration is a strong indicator supporting the diagnosis of Wilson's disease in a patient presenting with neurological and hepatic symptoms, as it reflects the disrupted metabolism and accumulation of copper. The other options do not align with the characteristic biochemical disturbances seen in Wilson's disease. For instance, an increased incorporation of copper into caeruloplasmin would suggest normal copper metabolism, which is not the case in Wilson's disease. Low hepatic copper content would be atypical since patients typically have increased copper levels in the liver due to impaired excretion. A low urine copper concentration is also misleading, as Wilson's disease often results in increased urinary copper excretion once the liver becomes saturated with copper. Thus, the low

7. What intervention is least likely to be needed for a young woman with a suspected post-contraceptive pill amenorrhoea?

- A. Admit for observation**
- B. Reassurance and advice**
- C. Pelvic ultrasound**
- D. Referral for hormonal assessment**

In the case of a young woman with suspected post-contraceptive pill amenorrhea, reassurance and advice are generally considered paramount. The use of the contraceptive pill can lead to changes in menstrual patterns, including amenorrhea, which is often a temporary side effect rather than an indication of an underlying pathology. Therefore, the woman may benefit from a thorough discussion about the effects of hormonal contraception on her menstrual cycle, along with reassurance that her cycle may take some time to normalize after stopping the pill. Admitting the individual for observation is typically unnecessary in cases of amenorrhea following the discontinuation of contraceptives, as the condition is often benign in nature. Similarly, while hormonal assessment may be warranted in other cases of secondary amenorrhea to exclude pathologies like hypothalamic dysfunction or ovarian failure, it is less likely needed if the woman has recently stopped taking the pill and is generally healthy. Pelvic ultrasound, while a useful tool in the evaluation of various gynecological conditions, is not typically required in straightforward cases of amenorrhea post-contraceptive pill usage where the primary concern is reassurance regarding menstrual irregularities. The likelihood of needing a pelvic ultrasound diminishes significantly if the amenorrhea can be attributed to the cessation

8. What is the key symptom leading to the diagnosis of a possible primary hepatic tumor in adults?

- A. Weight loss**
- B. Jaundice**
- C. Ascites**
- D. Abdominal pain**

Jaundice is a key symptom that often leads to the diagnosis of possible primary hepatic tumors in adults. This symptom results from the accumulation of bilirubin in the bloodstream, which can occur when a tumor obstructs the bile ducts or disrupts normal liver function. In cases of primary liver tumors, such as hepatocellular carcinoma, jaundice may present as one of the earliest visible signs, prompting further investigation. While weight loss, ascites, and abdominal pain are also symptoms that can be associated with liver diseases, jaundice specifically indicates an issue with the liver's function or bile processing. In the context of a primary hepatic tumor, the presence of jaundice can be a crucial marker, leading healthcare professionals to perform imaging studies and further evaluations to ascertain the cause and extent of liver dysfunction. The visibility of jaundice can make it a standout symptom that brings attention to underlying hepatic pathology, including potential malignancies.

9. What is the normal range for serum thyroid-stimulating hormone?

- A. 0.4-5.0 mU/L**
- B. 1.0-3.0 mU/L**
- C. 5.0-10.0 mU/L**
- D. 10.0-20.0 mU/L**

The normal range for serum thyroid-stimulating hormone (TSH) is typically cited as being between 0.4 and 5.0 mU/L. This range is established based on extensive clinical research and is widely accepted in practice as it reflects the physiological levels of TSH in healthy individuals. TSH plays a critical role in regulating the thyroid gland's production of hormones, which in turn control various metabolic processes in the body. When interpreting TSH levels, it is essential to consider that variations may occur due to factors such as age, pregnancy, and certain medications. Nonetheless, the value of 0.4-5.0 mU/L represents a conventional threshold where levels below may indicate hyperthyroidism (underproduction of TSH) and levels above may suggest hypothyroidism (overproduction of TSH), thus highlighting its clinical importance in the diagnosis and management of thyroid disorders. Other ranges provided in the question, such as 1.0-3.0 mU/L, 5.0-10.0 mU/L, and 10.0-20.0 mU/L, fall outside the established normal limits, making them insufficient for representing normal TSH fluctuations in a healthy population.

10. A 23-year-old woman with primary infertility has mild facial hirsutism and varied menstrual cycles. What is the most likely diagnosis?

- A. Endometriosis**
- B. Non-classical congenital adrenal hyperplasia**
- C. Polycystic ovary syndrome**
- D. Prolactinoma**

The symptoms presented—primary infertility, mild facial hirsutism, and varied menstrual cycles—are characteristic of Polycystic Ovary Syndrome (PCOS), making it the most likely diagnosis in this case. PCOS is a common endocrine disorder in women of reproductive age, which is often associated with insulin resistance and hyperandrogenism. The varied menstrual cycles suggest anovulation, which is typical in this condition due to hormonal imbalances. Facial hirsutism is another hallmark of hyperandrogenism, which is frequently seen in women with PCOS, resulting from elevated androgen levels. In contrast, other conditions listed do not align as closely with the combination of symptoms described. Endometriosis usually presents with pain and can cause infertility, but it typically does not feature hirsutism or irregular cycles to the same extent. Non-classical congenital adrenal hyperplasia could explain hirsutism and irregular cycles, but is less common and typically presents with more severe manifestations, alongside a family history of adrenal disorders. Prolactinoma primarily leads to ovulatory dysfunction and galactorrhea, rather than hirsutism or the symptoms linked to hyperandrogenism. Overall, the combination of infertility, hirsut

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://mrcpphysicians.examzify.com>

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

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