

# MEMBERSHIP OF THE ROYAL COLLEGES OF PHYSICIANS (MRCP) PRACTICE EXAM (SAMPLE) STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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# Table of Contents

|                             |    |
|-----------------------------|----|
| Copyright .....             | 1  |
| Table of Contents .....     | 2  |
| Introduction .....          | 3  |
| How to Use This Guide ..... | 4  |
| Questions .....             | 5  |
| Answers .....               | 8  |
| Explanations .....          | 10 |
| Next Steps .....            | 16 |

SAMPLE

# 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 abnormality is most likely to be present on blood film examination in a patient with low platelet count, drowsiness, and hallucinations?**
  - A. Acanthocytes
  - B. Elliptocytes
  - C. Fragmented cells
  - D. Stomatocytes
  
- 2. What is the most likely diagnosis for a patient with weight loss, lethargy, and a solid lesion at the left lung apex with a history of pulmonary tuberculosis?**
  - A. Allergic bronchopulmonary aspergillosis
  - B. Aspergilloma
  - C. Bronchial carcinoma
  - D. Invasive aspergillosis
  
- 3. What type of analysis should be performed in a clinical trial that had high patient withdrawal rates for estimating benefits?**
  - A. Intention-to-treat
  - B. Meta-analysis
  - C. On-treatment
  - D. Post-hoc
  
- 4. In the context of evolving abdominal symptoms, what indicates a need for surgical intervention?**
  - A. severe pain unresponsive to analgesia
  - B. stable vital signs
  - C. mild abdominal tenderness
  - D. fever and diarrhea
  
- 5. What is the most likely diagnosis for a 28-year-old man who experienced weight loss, abdominal distension, and foul-smelling diarrhoea after a trip to India?**
  - A. Acute HIV seroconversion illness
  - B. Coeliac disease
  - C. Giardiasis
  - D. Viral gastroenteritis

6. In a cocaine-intoxicated patient with elevated blood pressure and pulse, what complication is most likely to occur?
- A. Hypercalcaemia
  - B. Hyperkalaemia
  - C. Hyperthermia
  - D. Hyponatraemia
7. What is the most likely diagnosis for a woman with hypopigmented scaly lesions post-sun exposure?
- A. Chronic plaque psoriasis
  - B. Discoid eczema
  - C. Pityriasis rosea
  - D. Pityriasis versicolor
8. A woman experiences difficulty in reading after a left parietal lobe infarct. What additional feature is likely to be present?
- A. Acalculia
  - B. Confabulation
  - C. Cortical deafness
  - D. Expressive dysphasia
9. Which immunoglobulin is most likely responsible for hyperacute rejection after a donor kidney transplantation?
- A. IgA
  - B. IgD
  - C. IgE
  - D. IgG
10. What condition might be indicated by elevated MCV and low haemoglobin in an elderly man with anaemia?
- A. vitamin B12 deficiency
  - B. iron deficiency anemia
  - C. microcytic anemia
  - D. normocytic anemia

## **Answers**

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

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## **Explanations**

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**1. What abnormality is most likely to be present on blood film examination in a patient with low platelet count, drowsiness, and hallucinations?**

- A. Acanthocytes
- B. Elliptocytes
- C. Fragmented cells**
- D. Stomatocytes

*In the context of a patient presenting with low platelet count, drowsiness, and hallucinations, the presence of fragmented cells on a blood film is indicative of a specific pathological process. Fragmented cells, also known as schistocytes, are typically associated with microangiopathic hemolytic anemia. This condition can be caused by various factors, including thrombotic thrombocytopenic purpura (TTP) or disseminated intravascular coagulation (DIC), both of which can present with low platelet counts and neurological symptoms such as drowsiness and hallucinations. The mechanism behind the formation of fragmented cells involves the shearing of red blood cells as they pass through damaged or obstructed small blood vessels. This injury to the cells leads to their fragmentation, which can subsequently result in hemolysis. In cases where there is significant hemolysis combined with thrombocytopenia and neurological symptoms, the presence of schistocytes assists in pointing towards a possible diagnosis of TTP or similar disorders that affect platelet function and cause central nervous system symptoms. Thus, the identification of fragmented cells on a blood film examination in this clinical scenario correlates well with the underlying pathology, making it the most likely abnormality given the patient's symptoms and laboratory*

**2. What is the most likely diagnosis for a patient with weight loss, lethargy, and a solid lesion at the left lung apex with a history of pulmonary tuberculosis?**

- A. Allergic bronchopulmonary aspergillosis
- B. Aspergilloma**
- C. Bronchial carcinoma
- D. Invasive aspergillosis

*The most likely diagnosis for this patient is an aspergilloma, also known as a fungus ball. Aspergillomas typically occur in pre-existing lung cavities that can result from conditions such as pulmonary tuberculosis. In this case, the patient's history of pulmonary tuberculosis suggests that there may be damaged or cavitated lung tissue, which provides an environment conducive to the formation of an aspergilloma. The symptoms of weight loss and lethargy align with the chronic nature of fungal infections, where patients may experience systemic symptoms due to the presence of a fungal mass. An aspergilloma is often associated with a solid lesion, and it can appear as a mass in lung imaging, particularly in the apices where the disease frequently manifests. While other conditions may show some overlap in symptoms or demographic compatibility, the specific combination of weight loss, history of tuberculosis, and the description of a solid lesion at the lung apex strongly points towards aspergilloma as the most likely diagnosis.*

**3. What type of analysis should be performed in a clinical trial that had high patient withdrawal rates for estimating benefits?**

**A. Intention-to-treat**

B. Meta-analysis

C. On-treatment

D. Post-hoc

*In a clinical trial with high patient withdrawal rates, performing an intention-to-treat analysis is critical for accurately estimating the benefits of the intervention under investigation. This analytical approach includes all participants in the groups to which they were originally assigned, regardless of whether they completed the study or adhered to the treatment protocol. The intention-to-treat principle helps to eliminate bias that could arise from patient withdrawals. If participants who withdraw tend to have different outcomes than those who remain in the study, there can be a risk of skewed results if only the data from those who completed the trial are analyzed. By retaining all participants in their original groups, intention-to-treat analysis preserves the randomization benefits and reflects real-world scenarios more accurately. This approach is particularly important in clinical trials aimed at evaluating the effectiveness of interventions, as it provides a more realistic estimate of how the treatment would perform in a general population, taking into account the potential impact of patient dropouts. In contrast, other types of analyses like on-treatment focus only on participants who adhered to the treatment protocols and exclude those who dropped out or switched therapies, which can lead to biased conclusions. A meta-analysis is a systematic review of multiple studies and is not applicable to analyzing a single trial's data in this scenario.*

**4. In the context of evolving abdominal symptoms, what indicates a need for surgical intervention?**

**A. severe pain unresponsive to analgesia**

B. stable vital signs

C. mild abdominal tenderness

D. fever and diarrhea

*Severe pain unresponsive to analgesia is a critical indicator that often suggests the presence of a significant underlying pathology requiring surgical intervention. This type of pain can be associated with conditions such as perforation of an abdominal organ, bowel obstruction, or acute pancreatitis, all of which may compromise patient safety and require prompt surgical evaluation and treatment. In the context of evolving abdominal symptoms, unmanageable pain often signals an urgent need for further diagnostic workup and possible surgical intervention, as it could indicate a condition that poses a risk of rapid deterioration. Managing severe pain that does not respond to standard analgesic measures is essential for the patient's comfort and may also reflect the severity of the underlying condition. The other options, such as stable vital signs, mild abdominal tenderness, and fever with diarrhea, may not necessarily correlate with an urgent surgical need. For instance, stable vital signs can indicate that the immediate situation is not critical, while mild tenderness might suggest a less severe problem that may be managed conservatively. Additionally, fever and diarrhea could point towards an infectious process that may respond to medical management rather than immediate surgery. Thus, the presence of severe, unrelieved pain is a more definitive factor necessitating surgical consultation.*

**5. What is the most likely diagnosis for a 28-year-old man who experienced weight loss, abdominal distension, and foul-smelling diarrhoea after a trip to India?**

- A. Acute HIV seroconversion illness
- B. Coeliac disease
- C. Giardiasis**
- D. Viral gastroenteritis

*The symptoms presented—a combination of weight loss, abdominal distension, and foul-smelling diarrhea—strongly suggest an infection with Giardia lamblia, a common intestinal parasite that can cause giardiasis. This condition is particularly associated with regions where sanitation may be compromised, making travel to areas like India a potential risk factor for infection. Foul-smelling diarrhea is a hallmark of giardiasis, often described as greasy in appearance due to malabsorption caused by the parasite. Weight loss and abdominal distension can also occur due to nutrient malabsorption and resultant gastrointestinal symptoms. The presentation fits well with the typical clinical picture of giardiasis, especially after recent travel to an endemic region. While acute HIV seroconversion illness can present with gastrointestinal symptoms, it typically also includes systemic symptoms like fever and sore throat, and does not commonly lead to profound weight loss accompanied by specific gastrointestinal symptoms alone. Coeliac disease usually results in similar gastrointestinal symptoms but is less likely to present acutely following travel and would typically require a longer duration to manifest these symptoms significantly. Viral gastroenteritis would more commonly lead to self-limiting diarrhea but is not typically associated with prolonged weight loss or foul-smelling stools. Thus, given the travel history and symptomatology*

**6. In a cocaine-intoxicated patient with elevated blood pressure and pulse, what complication is most likely to occur?**

- A. Hypercalcaemia
- B. Hyperkalaemia
- C. Hyperthermia**
- D. Hyponatraemia

*In a cocaine-intoxicated patient presenting with elevated blood pressure and increased pulse rates, hyperthermia is considered the most likely complication. Cocaine is a powerful central nervous system stimulant that can lead to increased metabolic activity and heightened sympathetic nervous system responses. This overstimulation can cause a significant rise in body temperature. The release of catecholamines, like norepinephrine, associated with cocaine use contributes to vasoconstriction and increased heart rate, which can further elevate body temperature. Additionally, cocaine can also impair heat dissipation through vasodilation and sweating mechanisms, making the patient prone to hyperthermia. While the other options listed can occur in various clinical scenarios, they are not directly related to the acute effects of cocaine intoxication in the same way hyperthermia is. Hypercalcaemia, hyperkalaemia, and hyponatraemia can occur under different circumstances or with different substances, but in the context of cocaine use combined with the symptoms of raised blood pressure and pulse, hyperthermia stands out as the primary concern. Therefore, aggressively monitoring for and managing hyperthermia is crucial in this scenario.*

**7. What is the most likely diagnosis for a woman with hypopigmented scaly lesions post-sun exposure?**

- A. Chronic plaque psoriasis
- B. Discoid eczema
- C. Pityriasis rosea
- D. Pityriasis versicolor**

*The most likely diagnosis for a woman presenting with hypopigmented scaly lesions following sun exposure is indeed pityriasis versicolor. This condition, also known as tinea versicolor, is caused by an overgrowth of Malassezia yeast, which normally resides on the skin. When the skin is exposed to sunlight, areas affected by pityriasis versicolor may become lighter than the surrounding skin, leading to the characteristic hypopigmented lesions. These lesions typically present as fine, scaling macules or patches that may become more apparent after sun exposure, as the unaffected areas of the skin darken while the affected areas do not tan. This differential tanning contributes to the visibility of the hypopigmented patches, particularly following sun exposure. Chronic plaque psoriasis usually presents with well-demarcated, raised, erythematous plaques covered with silvery scales but typically does not cause hypopigmentation. Discoid eczema is characterized by round, coin-shaped lesions that are often erythematous and scaly, and the lesions can become crusted or oozing, but they do not usually present as hypopigmented areas post-sun exposure. Pityriasis rosea usually manifests as a herald patch followed by a widespread*

**8. A woman experiences difficulty in reading after a left parietal lobe infarct. What additional feature is likely to be present?**

- A. Acalculia**
- B. Confabulation
- C. Cortical deafness
- D. Expressive dysphasia

*The correct answer highlights the potential cognitive deficits that can arise from a left parietal lobe infarct, specifically relating to numerical processing. Acalculia refers to the loss of the ability to perform mathematical calculations, which can occur alongside other visual and spatial difficulties that may result from damage in this area of the brain. In the context of a left parietal lobe infarct, individuals may struggle with integrating sensory input related to numbers, as this is a region that plays a crucial role in mathematical processing and comprehension. Consequently, the presence of dyslexia or difficulties with reading can often accompany acalculia, as both arise from disruptions to the brain's processing of language and numbers, respectively. Other conditions listed, like confabulation, cortical deafness, and expressive dysphasia, do not directly relate to the specific deficits expected from a left parietal lobe infarct. Confabulation typically relates to memory issues, cortical deafness is a condition associated with auditory processing from temporal lobe damage, and expressive dysphasia primarily occurs with damage to Broca's area located in the frontal lobe, which is responsible for speech production. Thus, acalculia is the most logical additional feature to expect in a patient*

**9. Which immunoglobulin is most likely responsible for hyperacute rejection after a donor kidney transplantation?**

- A. IgA
- B. IgD
- C. IgE
- D. IgG**

*In the context of hyperacute rejection following donor kidney transplantation, IgG is the main immunoglobulin involved. This type of rejection occurs within minutes to hours after transplantation and is primarily mediated by pre-existing antibodies against donor antigens, specifically those present on the endothelial cells of the transplanted organ. In many cases, the recipient may have been sensitized to the donor's HLA (human leukocyte antigen) antigens through previous transplants, blood transfusions, or pregnancies. When a kidney is transplanted, these pre-formed IgG antibodies bind to the donor's vascular endothelium, leading to complement activation, neutrophil recruitment, and rapid destruction of the graft. The involvement of IgG is significant because it is the most abundant immunoglobulin in serum and is known for its ability to cross the placenta and activate the complement system effectively. This makes it particularly potent in mediating immediate hypersensitivity reactions, such as hyperacute rejection. In contrast, IgA is primarily found in mucosal areas and body secretions, IgD is mainly found on the surface of B cells and plays a role in B cell activation, and IgE is associated with allergic reactions and responses to parasitic infections. None of these other antibodies typically participate*

**10. What condition might be indicated by elevated MCV and low haemoglobin in an elderly man with anaemia?**

- A. vitamin B12 deficiency**
- B. iron deficiency anemia
- C. microcytic anemia
- D. normocytic anemia

*Elevated mean corpuscular volume (MCV) along with low hemoglobin typically suggests the presence of macrocytic anemia, which is often due to vitamin B12 deficiency or folate deficiency. In this scenario, vitamin B12 deficiency is particularly relevant, especially in elderly individuals, as absorption issues related to aging, dietary insufficiency, or gastrointestinal disorders can lead to this deficiency. Vitamin B12 is crucial for DNA synthesis, and its deficiency results in ineffective erythropoiesis, leading to the production of larger-than-normal red blood cells, hence the elevated MCV. The low hemoglobin indicates anemia. Symptoms might also include neurological manifestations, which can further differentiate vitamin B12 deficiency from other types of anemia. Other conditions such as iron deficiency anemia typically present with microcytic anemia (low MCV) rather than macrocytic, making them less likely in this context. Normocytic anemia might occur with chronic disease or acute illness, but it does not explain the elevated MCV. Thus, considering the combination of elevated MCV and low hemoglobin in an elderly man, vitamin B12 deficiency stands out as the most likely condition.*

## 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](mailto: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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