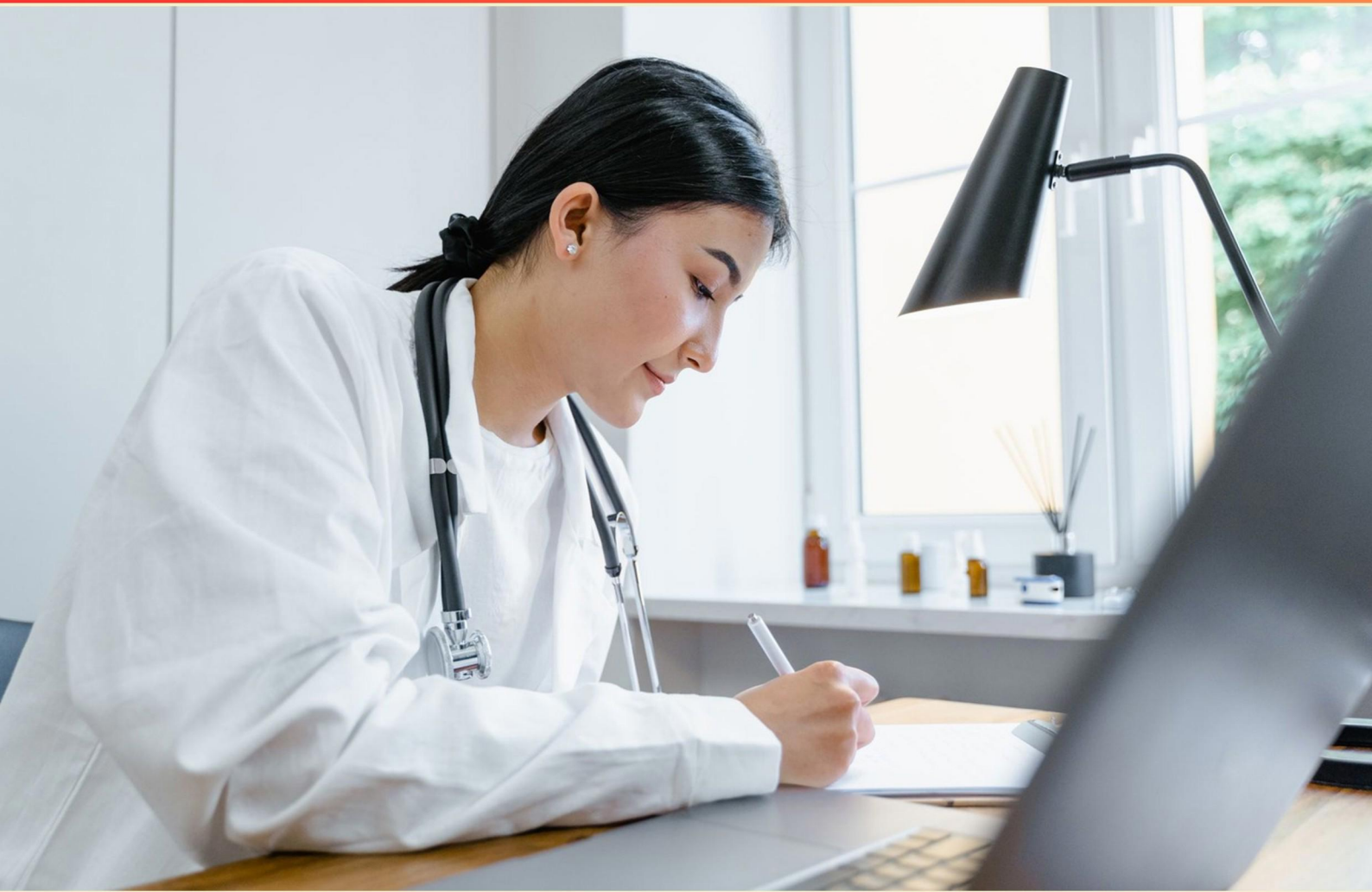


MEMBERSHIP OF THE ROYAL COLLEGES OF PHYSICIANS (MRCP) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. A man ingests 40 tablets of slow-release theophylline. What is the most appropriate initial management?**
 - A. Activated charcoal
 - B. Alkaline diuresis
 - C. Gastric lavage
 - D. Whole bowel irrigation

- 2. What antibody test is most likely to be positive in a 45-year-old woman with hypertension and renal issues?**
 - A. Anticardiolipin
 - B. Anticentromere
 - C. Anti-glomerular basement membrane
 - D. Anti-neutrophil cytoplasmic

- 3. In a patient with hirsutism, which hormone is most likely elevated if diagnosed with polycystic ovary syndrome?**
 - A. Estradiol
 - B. Luteinizing hormone
 - C. Follicle-stimulating hormone
 - D. Prolactin

- 4. What is the most appropriate prophylaxis for housemates of a patient diagnosed with meningococcal meningitis?**
 - A. Cefuroxime
 - B. Chloramphenicol
 - C. Ciprofloxacin
 - D. Phenoxymethylpenicillin

- 5. A 72-year-old man experienced sudden shortness of breath during dialysis. What is the most likely immunological diagnosis?**
 - A. C1-esterase deficiency
 - B. Hypocomplementaemic urticarial vasculitis
 - C. Mast cell degranulation syndrome
 - D. Type 1 hypersensitivity reaction

- 6. What is the most likely diagnosis for a patient with diplopia, unsteadiness, and absent tendon reflexes?**
- A. Brainstem stroke
 - B. Miller Fisher syndrome
 - C. Multiple sclerosis
 - D. Wernicke encephalopathy
- 7. What is the most likely diagnosis for a patient with a history of rheumatoid arthritis presenting with urinary incontinence and cognitive difficulties?**
- A. Alzheimer's disease
 - B. Cervical myelopathy
 - C. Multi-infarct dementia
 - D. Normal pressure hydrocephalus
- 8. What echocardiogram finding indicates the highest potential risk for pregnancy in a woman with a ventricular septal defect?**
- A. Associated aortic regurgitation
 - B. Associated bicuspid aortic valve
 - C. High systolic pressure gradient
 - D. Pulmonary hypertension
- 9. In a patient presenting with diffuse pain in the right arm and sensory loss in the right thumb, what is the most likely diagnosis?**
- A. C6 radiculopathy
 - B. Carpal tunnel syndrome
 - C. Pancoast tumour
 - D. Thoracic outlet syndrome
- 10. What pulmonary function test result is most characteristic of idiopathic pulmonary fibrosis?**
- A. FEV1/FVC ratio 0.6
 - B. Peak flow 50% of predicted value
 - C. Residual volume 110% of predicted value
 - D. Transfer factor for CO 50% of predicted value

Answers

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

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Explanations

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1. A man ingests 40 tablets of slow-release theophylline. What is the most appropriate initial management?

- A. Activated charcoal**
- B. Alkaline diuresis
- C. Gastric lavage
- D. Whole bowel irrigation

In the case of an overdose of slow-release theophylline, activated charcoal is the most appropriate initial management. This is because activated charcoal can effectively adsorb theophylline in the gastrointestinal tract, thereby potentially reducing its systemic absorption and mitigating toxicity. Theophylline has a narrow therapeutic index, and due to its pharmacokinetics, especially with slow-release formulations, there is a significant risk of serious side effects, including cardiovascular and central nervous system toxicity. The timing of administration is crucial; activated charcoal should ideally be administered within an hour of ingestion to maximize its effectiveness. However, if it has been longer than that, its use may still be considered in cases where high levels of the drug are expected, but the risk of complications must be weighed. Other management options, while they may have their place in different contexts, are not typically the first-line response to a theophylline overdose situation. Alkaline diuresis aims to enhance the excretion of certain toxins but is less effective for theophylline. Gastric lavage is less recommended in modern practice for overdose cases due to potential complications and is generally not favored over activated charcoal. Whole bowel irrigation is more suitable for the ingestion of substances that are not effectively absorbed by charcoal, and it is

2. What antibody test is most likely to be positive in a 45-year-old woman with hypertension and renal issues?

- A. Anticardiolipin**
- B. Anticentromere
- C. Anti-glomerular basement membrane
- D. Anti-neutrophil cytoplasmic

The presence of hypertension and renal issues in a 45-year-old woman can suggest several underlying conditions, including autoimmune disorders. In this context, the most relevant antibody test would be related to conditions that commonly affect the kidneys and blood pressure regulation. Anticardiolipin antibodies are often associated with Antiphospholipid Syndrome (APS), which can result in various vascular complications, including renal impairment due to thrombotic events. Patients with APS can present with hypertension secondary to renal involvement from vascular occlusions. This linkage highlights that anticardiolipin antibodies would be the expected positive antibody test given the scenario. On the other hand, anti-glomerular basement membrane antibodies are specifically associated with Goodpasture's syndrome, which can lead to rapidly progressive glomerulonephritis and lung involvement, but it does not typically present with hypertension in the same manner. Additionally, the anticentromere antibody is more associated with limited scleroderma and is less likely to directly connect with renal issues and hypertension as primary features. Anti-neutrophil cytoplasmic antibodies (ANCA) test for conditions like ANCA-associated vasculitis, which can cause renal issues, but they are generally not as strongly associated with hypertension

3. In a patient with hirsutism, which hormone is most likely elevated if diagnosed with polycystic ovary syndrome?

- A. Estradiol
- B. Luteinizing hormone**
- C. Follicle-stimulating hormone
- D. Prolactin

In the context of polycystic ovary syndrome (PCOS), elevated levels of luteinizing hormone (LH) are commonly observed. In PCOS, the ovarian follicles do not mature properly, and as a result, there is an imbalance in hormone levels. The adrenal androgens, as well as ovarian estrogen, increase, but what is particularly notable is the relative elevation of LH compared to follicle-stimulating hormone (FSH). This imbalance leads to hyperandrogenism, which is responsible for symptoms such as hirsutism. In many cases of PCOS, women exhibit a higher ratio of LH to FSH, often with elevated LH levels being a significant contributing factor to the development of hirsutism. The other hormones listed, such as estradiol, FSH, and prolactin, do not show the same consistent elevation in PCOS. Estradiol, while important, is often maintained or could even be lower depending on the follicular development status. FSH, in fact, may be lower relative to LH in individuals with PCOS. Prolactin is typically not elevated in PCOS unless there is an associated condition affecting prolactin secretion. Thus, the elevation of LH is

4. What is the most appropriate prophylaxis for housemates of a patient diagnosed with meningococcal meningitis?

- A. Cefuroxime
- B. Chloramphenicol
- C. Ciprofloxacin**
- D. Phenoxymethylpenicillin

*Ciprofloxacin is the most appropriate prophylaxis for housemates of a patient diagnosed with meningococcal meningitis due to its effectiveness and ease of administration. It is a fluoroquinolone antibiotic that provides rapid and effective coverage against *Neisseria meningitidis*, the bacteria responsible for meningococcal infections. Prophylaxis for close contacts of individuals with meningococcal disease is crucial because of the risk of transmission, particularly within households or crowded living situations. Ciprofloxacin is favored in this context because it can be given as a single oral dose, making it convenient for individuals who may need to receive preventive treatment quickly after exposure. In contrast, other options such as cefuroxime, chloramphenicol, and phenoxymethylpenicillin are not typically used for prophylactic measures in these situations. Cefuroxime, though effective against many infections, is not the first choice for prophylaxis against meningococcal disease. Chloramphenicol is generally reserved for severe infections and has associated risks, including serious side effects, which limits its use as a prophylactic agent. Phenoxymethylpenicillin, while used for other infections, does not provide adequate protection against meningococcal bacteria. Thus*

5. A 72-year-old man experienced sudden shortness of breath during dialysis. What is the most likely immunological diagnosis?

- A. C1-esterase deficiency
- B. Hypocomplementaemic urticarial vasculitis
- C. Mast cell degranulation syndrome

D. Type 1 hypersensitivity reaction

In the context of a 72-year-old man experiencing sudden shortness of breath during dialysis, the most likely immunological diagnosis relates to a Type 1 hypersensitivity reaction. This type of reaction is initiated by the rapid release of histamine and other mediators from mast cells and basophils upon exposure to an allergen, which can lead to symptoms like bronchospasm, vasodilation, and increased vascular permeability. During dialysis, various triggers—such as an allergic response to the substances used during dialysis, or an anaphylactic reaction to the dialysis material itself (like the dialyzer)—can provoke a Type 1 hypersensitivity. Symptoms may appear suddenly, often requiring immediate medical intervention to manage the respiratory distress and other manifestations of anaphylaxis. In this scenario, the features align well with an acute allergic response, leading to shortness of breath as a prominent symptom. This critical understanding allows healthcare professionals to focus on immediate supportive care, including the administration of epinephrine, if needed, while also seeking to identify and manage the underlying cause of the allergic reaction during dialysis.

6. What is the most likely diagnosis for a patient with diplopia, unsteadiness, and absent tendon reflexes?

- A. Brainstem stroke
- B. Miller Fisher syndrome**
- C. Multiple sclerosis
- D. Wernicke encephalopathy

The most likely diagnosis for a patient presenting with diplopia, unsteadiness, and absent tendon reflexes is indeed Miller Fisher syndrome. This condition is characterized by a clinical triad of symptoms: ataxia (which relates to unsteadiness), ophthalmoplegia (leading to diplopia), and areflexia (reflected in the absent tendon reflexes). Miller Fisher syndrome is considered a variant of Guillain-Barré syndrome and is often associated with a preceding upper respiratory infection, commonly caused by Campylobacter jejuni. The autoimmune response to the infection leads to the demyelination of peripheral nerves, resulting in the neurological symptoms observed. The presence of diplopia and ataxia, combined with absent reflexes, strongly points toward this diagnosis. The absence of tendon reflexes is especially indicative because other conditions like brainstem stroke and multiple sclerosis may present with different neurological signs and typically do not isolate these three features. Similarly, Wernicke encephalopathy usually presents with a classic triad of symptoms, including confusion, ocular abnormalities, and ataxia, but it does not typically highlight absent reflexes in the same manner. Therefore, the specific combination of symptoms in this scenario aligns most closely with Miller Fisher syndrome.

7. What is the most likely diagnosis for a patient with a history of rheumatoid arthritis presenting with urinary incontinence and cognitive difficulties?

- A. Alzheimer's disease
- B. Cervical myelopathy
- C. Multi-infarct dementia
- D. Normal pressure hydrocephalus**

The diagnosis of normal pressure hydrocephalus (NPH) is particularly relevant for a patient with a history of rheumatoid arthritis who presents with urinary incontinence and cognitive difficulties. NPH is characterized by the classic triad of symptoms: gait disturbances, urinary incontinence, and cognitive impairment. The presence of urinary incontinence alongside cognitive difficulties supports this diagnosis, as these symptoms are central to NPH. In addition, rheumatoid arthritis can be associated with various neurological complications, including potential impacts on the cervical spine or central nervous system that may contribute to the development of NPH. The condition arises due to the accumulation of cerebrospinal fluid (CSF) in the brain's ventricles, which can occur even when pressures are normal, leading to the characteristic symptoms mentioned. While other options like Alzheimer's disease, cervical myelopathy, and multi-infarct dementia may present with cognitive changes or other neurological symptoms, they do not typically present with the unique combination of urinary incontinence in this context. Cervical myelopathy, for example, may include motor deficits or sensory changes, but it doesn't usually lead to the combination of symptoms seen in this patient. This is why normal pressure hydrocephalus stands out as the most fitting diagnosis in this scenario.

8. What echocardiogram finding indicates the highest potential risk for pregnancy in a woman with a ventricular septal defect?

- A. Associated aortic regurgitation
- B. Associated bicuspid aortic valve
- C. High systolic pressure gradient
- D. Pulmonary hypertension**

In the context of a woman with a ventricular septal defect (VSD), the presence of pulmonary hypertension on an echocardiogram indicates the highest potential risk for pregnancy. This risk is primarily due to the fact that pulmonary hypertension can lead to increased right ventricular afterload, which may compromise cardiac function, especially during the increased hemodynamic demands of pregnancy. During pregnancy, there is an increase in blood volume and cardiac output, which can exacerbate any underlying cardiac conditions. In patients with VSD, if pulmonary hypertension is present, the right ventricle may be unable to cope with the additional demands. This can further elevate pressures within the pulmonary circulation, potentially leading to right heart failure and severe complications. Among the other options, while associated aortic regurgitation, a bicuspid aortic valve, and a high systolic pressure gradient may pose risks, pulmonary hypertension is the most critical factor that can significantly affect the overall hemodynamics and the ability of the heart to manage the physiological changes associated with pregnancy. Therefore, a woman with a VSD who also shows signs of pulmonary hypertension would be at the greatest risk during pregnancy, making this echocardiographic finding particularly significant.

9. In a patient presenting with diffuse pain in the right arm and sensory loss in the right thumb, what is the most likely diagnosis?

- A. C6 radiculopathy**
- B. Carpal tunnel syndrome
- C. Pancoast tumour
- D. Thoracic outlet syndrome

The presentation of diffuse pain in the right arm along with sensory loss in the right thumb strongly suggests C6 radiculopathy. This specific condition occurs when there is compression or irritation of the C6 nerve root, which typically leads to pain and sensory changes in areas served by this nerve, including the radial aspect of the arm and the thumb. In C6 radiculopathy, patients often experience pain that radiates from the neck or shoulder down the arm, potentially accompanied by weakness and sensory deficits in the thumb and index finger. The description of sensory loss in the right thumb aligns with the nerve root's dermatome responsible for sensation in this area. Other options may cause arm pain or sensory loss but do not match the presentation as closely as C6 radiculopathy does. For example, carpal tunnel syndrome generally results in symptoms limited to the hand and particularly affects the median nerve distribution, not the entire arm. Pancoast tumor and thoracic outlet syndrome have more complex presentations and often involve additional signs, such as systemic features or involvement of different neurovascular structures. Therefore, the characteristics of the patient's symptoms correspond directly with C6 radiculopathy, making it the most likely diagnosis.

10. What pulmonary function test result is most characteristic of idiopathic pulmonary fibrosis?

- A. FEV1/FVC ratio 0.6**
- B. Peak flow 50% of predicted value
- C. Residual volume 110% of predicted value
- D. Transfer factor for CO 50% of predicted value

In idiopathic pulmonary fibrosis (IPF), the most characteristic pulmonary function test finding is a reduced FEV1/FVC ratio, indicating a restrictive lung pattern. This is represented by a ratio around 0.6, which suggests that both the FEV1 (forced expiratory volume in 1 second) and FVC (forced vital capacity) are decreased, but FVC generally decreases more significantly than FEV1, thus leading to a preserved or even increased ratio in some cases. IPF leads to lung stiffness and impaired expansion, resulting in limitations in the total volume of air the lungs can hold and how effectively air can be expelled. Therefore, the restrictive pattern of lung disease is best characterized by this decrease in the FEV1/FVC ratio associated with radiological findings typical of IPF, such as honeycombing and ground-glass opacities on high-resolution CT scans. The other pulmonary function test results listed do not align with the typical presentation of IPF. While an elevated residual volume may indicate air trapping, it is more characteristic of obstructive pulmonary diseases. Likewise, a low peak flow is not specific to IPF and typically indicates flow limitation found in asthma or COPD. The transfer factor (DLCO) being at

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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