

HKMJ June 2024 CME/CPD for Fellows and non-Fellows

The *Hong Kong Medical Journal* has introduced CME/CPD for Fellows of the Hong Kong Academy of Medicine (HKAM), and registrants of the MCHK CME Programme under the HKAM or the Hong Kong Medical Association can also participate. It is based on published articles in the Journal, and the Editorial Board aims at selecting topics of more general interest to a wide range of specialties. For HKAM Fellows, decision of whether any of the selected article(s) is/are appropriate for CME/CPD exercise rests with the CME/CPD committee of their representative Colleges. Answer sheets sent by Fellows of College(s) that do not assign CME/CPD points will not be processed.

The amount of CME/CPD points awarded (for specialist CME/CPD) to each of the articles by the specific Colleges is indicated at the bottom of this page. Fellows of the specific Colleges can either participate by returning the answer sheet to the quizzes by mail/fax to the Academy or doing the quizzes online at eHKAM LMS (<https://lms.hkam.org.hk>). If Fellows choose to do a quiz online, their answer sheet for the same quiz sent to the Academy by mail/fax will not be processed.

For the MCHK CME Programme, one CME point has been accredited per article by the Academy. Registrants of the MCHK CME Programme must mail or fax the completed answer sheet to their respective Administrator. **Registrants of the Academy must return the answer sheet to the Academy, similarly registrants of the Medical Association must return it to the Association.** The Academy and the Association, who are both appointed as Administrators for the MCHK Programme, will not be responsible for re-directing answer sheets sent to the wrong Administrator by mistake to each other.

Instructions:

1. Fill in the personal particulars in the answer sheet.
2. Shade the correct answer square for each question.
3. Mail or fax the Answer Sheet to the Academy or the Medical Association by **31 July 2024**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme <u>under the Academy</u>	Ref: CMECPD Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; fax: (852) 2505 5577
Registrants for the MCHK/HKMA CME Programme <u>under the Medical Association</u>	The Hong Kong Medical Association Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943

College CME/CPD Points (as of 12 June 2024):

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	1 (Non-Ana)	50%	1 (Non-Ana)	50%
Hong Kong College of Community Medicine	0.5 (Self Study)	50%	0.5 (Self Study)	50%
College of Dental Surgeons of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Emergency Medicine	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Family Physicians	1 (Cat.5.01)	50%	1 (Cat.5.01)	50%
Hong Kong College of Obstetricians and Gynaecologists	1 (Non-O&G)	0%	1 (Non-O&G)	0%
College of Ophthalmologists of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	1 (PP-Cat B)	80%	1 (PP-Cat B)	80%
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	50%	1 (Cat.1.2)	50%
Hong Kong College of Paediatricians	1 (Active Cat.E)	50%	1 (Active Cat.D)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	1 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	80%	1 (Self Study)	80%
Hong Kong College of Radiologists	1 (Self Study B)	50%	1 (Self Study B)	50%
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

CME Points for MCHK CME Programme: 1 CME point per article

Answer Sheet – Hong Kong Medical Journal June 2024 Issue

Name: _____

Hong Kong Academy of Medicine <i>For Academy Fellows:</i> College: _____ Fellowship No.: _____ <i>For MCHK CME Registrants:</i> MCHK Reg. No.: _____	Hong Kong Medical Association HKMA Membership or CME No.: _____ HKID No.: ____ - ____ - ____ X X (X) Contact Telephone No.: _____ Signature: _____
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I. Changes in cardiovascular disease risk predicted by the Framingham risk model in the Hong Kong population between 2003-2005 and 2014-2015: data from Population Health Surveys	<i>True</i>	<i>False</i>
A. Are the following statement(s) regarding cardiovascular disease (CVD) risk in the Hong Kong general population true or false? 1. From 2003 to 2015, there was an increase in age-standardised 10-year CVD risk.	<input type="checkbox"/>	<input type="checkbox"/>
2. Decrease in the number of male smokers between 2003 and 2015 may contribute to the decrease in CVD risk in the Hong Kong general population.	<input type="checkbox"/>	<input type="checkbox"/>
3. More participants aged 65 to 74 years were considered high risk for CVDs in 2003 compared to 2015.	<input type="checkbox"/>	<input type="checkbox"/>
4. Among participants aged 30 to 74 years, the CVD risk group distributions were similar from 2003 to 2015.	<input type="checkbox"/>	<input type="checkbox"/>
5. The Framingham risk model can predict 10-year CVD risk.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statement(s) concerning prevention of CVDs true or false? 1. Primary care clinicians play an important role in reducing CVD risks of individuals.	<input type="checkbox"/>	<input type="checkbox"/>
2. The current CVD prevention strategies are satisfactory.	<input type="checkbox"/>	<input type="checkbox"/>
3. Simultaneous reductions in multiple risk factors are needed to lower overall CVD risks.	<input type="checkbox"/>	<input type="checkbox"/>
4. The Framingham risk model may overestimate CVD risks in the Hong Kong population.	<input type="checkbox"/>	<input type="checkbox"/>
5. By measuring the net change in CVD risk, the impact of prevention strategies can be comprehensively estimated.	<input type="checkbox"/>	<input type="checkbox"/>
II. Recommendations for eligibility criteria concerning bariatric and metabolic surgical and endoscopic procedures for obese Hong Kong adults 2024: Hong Kong Society for Metabolic and Bariatric Surgery Position Statement	<i>True</i>	<i>False</i>
A. Are the following statement(s) regarding bariatric and metabolic surgery true or false? 1. There is no difference between the definitions of bariatric surgery and metabolic surgery.	<input type="checkbox"/>	<input type="checkbox"/>
2. Metabolic surgery was still an experimental procedure in treating type 2 diabetes mellitus (T2DM) and metabolic syndrome.	<input type="checkbox"/>	<input type="checkbox"/>
3. Level 1 evidence indicated that bariatric surgery plus intensive medical therapy yielded better glycaemic and metabolic outcomes compared with intensive medical therapy alone.	<input type="checkbox"/>	<input type="checkbox"/>
4. Intra-gastric balloon therapy is a minimally invasive space-occupying system intended to provide temporary weight loss by reducing gastric volume and altering gastric motility.	<input type="checkbox"/>	<input type="checkbox"/>
5. Bariatric and metabolic surgical and endoscopic procedures can still be performed in the absence of multidisciplinary medical, dietary, and behavioural guidance.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the following statement(s) concerning the eligibility of bariatric and metabolic surgery true or false? 1. Bariatric surgery can be recommended to adults unable to sustain weight loss through optimal lifestyle, dietary, or non-surgical interventions, who have a body mass index (BMI) ≥ 35 kg/m ² , with or without obesity-related co-morbidities.	<input type="checkbox"/>	<input type="checkbox"/>
2. Bariatric surgery can be recommended to adults with a BMI ≥ 30 kg/m ² and significant obesity-related co-morbidities who have not achieved weight loss through optimal lifestyle, dietary, or non-surgical interventions.	<input type="checkbox"/>	<input type="checkbox"/>
3. Metabolic surgery should be recommended to treat T2DM in appropriate surgical candidates with a BMI ≥ 37.5 kg/m ² , regardless of glycaemic control or glucose-lowering regimens.	<input type="checkbox"/>	<input type="checkbox"/>
4. Metabolic surgery should be recommended to treat T2DM in appropriate surgical candidates with a BMI ≥ 32.5 -37.4 kg/m ² whose hyperglycaemia remains uncontrolled despite optimal medical, lifestyle, dietary, and non-surgical interventions.	<input type="checkbox"/>	<input type="checkbox"/>
5. Metabolic surgery can be regarded as a treatment option for T2DM in appropriate surgical candidates with a BMI 27.5-32.4 kg/m ² whose hyperglycaemia remains uncontrolled despite optimal medical management and lifestyle interventions.	<input type="checkbox"/>	<input type="checkbox"/>